

STANDARD FORM 64
Revised 1-60
GPO: 1960 O-550-000
U.S. GOVERNMENT PRINTING OFFICE
WASHINGTON, D.C. 20540

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Official Personnel Folder

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1. PASS. SERIAL NO.		BIOGRAPHIC PROFILE (PART I)		CDD: 2 Sep 1946	
2. NAME (Last, First, Middle)		3. SEX		4. DATE OF BIRTH	
SWW, Robert Tyler		M		18 Jun 1925	
5. MARITAL STATUS		6. DEPENDENT (Last, First, Middle)		7. US NATURALIZATION DATE	
Married		3 1927 1955 1955		NA	
8. CANCELED STATE		9. MEMBERSHIP		10. OTHER STATUS	
11. CURRENT STATUS		12. ASSESSMENT DATE		13. PROFESSIONAL TEST DATE	
14. EMPLOYMENT HISTORY		15. LANGUAGE APTITUDE TEST DATE		16. FOREIGN LANGUAGE ABILITIES	
17. AGENCY SPONSORED TRAINING		18. CIA EMPLOYMENT HISTORY		19. DATE REVIEWED	
20. DATE REVIEWED		21. PROFILE REVIEWED BY		22. VERIFIED BY EMPLOYEE	

1. PASS. SERIAL NO. 1

2. NAME (Last, First, Middle) SWW, Robert Tyler

3. SEX M

4. DATE OF BIRTH 18 Jun 1925

5. MARITAL STATUS Married

6. DEPENDENT (Last, First, Middle) 3 1927 1955 1955

7. US NATURALIZATION DATE NA

8. CANCELED STATE

9. MEMBERSHIP

10. OTHER STATUS

11. CURRENT STATUS

12. ASSESSMENT DATE Jul 1947

13. PROFESSIONAL TEST DATE None

14. EMPLOYMENT HISTORY

15. LANGUAGE APTITUDE TEST DATE None

16. FOREIGN LANGUAGE ABILITIES

17. AGENCY SPONSORED TRAINING

18. CIA EMPLOYMENT HISTORY

19. DATE REVIEWED

20. DATE REVIEWED

21. PROFILE REVIEWED BY

22. VERIFIED BY EMPLOYEE

FORM 1200 (PART I) USE PREVIOUS EDITIONS.

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PROFILE

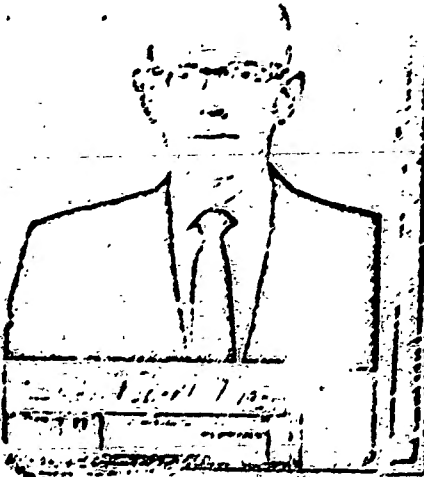
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(When Filled In)

PERS. SERIAL NO.		BIOGRAPHIC PROFILE (Continuation Sheet)																							
NAME (Last-First-Middle) GUSMAN, James Taylor							DATE OF BIRTH 18 Jan 1906																		
<p><u>1st Lt. U.S. Army, 1st Cavalry Div.</u></p> <p><u>1st - 2nd Lt. Captains</u></p>																									
<p>19. CIA EMPLOYMENT HISTORY SINCE 18 SEPT. 1947 (Personal Actions, Military Orders, and Principal Details) (Cont'd.)</p> <table border="1"> <thead> <tr> <th>EFFECTIVE DATE</th> <th>POSITION TITLE & OCCUPATIONAL CODE</th> <th>GRADE</th> <th>RD</th> <th>ORGANIZATION & LOGAN, TITLE (if any)</th> <th>LOCATION</th> </tr> </thead> <tbody> <tr> <td>Apr 1975</td> <td>Ops Off Ch</td> <td>0136.01</td> <td>16</td> <td>DYB DNO/LA/Ch, Plans Programs Stf</td> <td>Hq</td> </tr> <tr> <td>Aug 1975</td> <td>Ops Officer</td> <td>0136.01</td> <td>16</td> <td>DYB DDO/LA/Dev/Trng (Training)</td> <td>"</td> </tr> </tbody> </table>								EFFECTIVE DATE	POSITION TITLE & OCCUPATIONAL CODE	GRADE	RD	ORGANIZATION & LOGAN, TITLE (if any)	LOCATION	Apr 1975	Ops Off Ch	0136.01	16	DYB DNO/LA/Ch, Plans Programs Stf	Hq	Aug 1975	Ops Officer	0136.01	16	DYB DDO/LA/Dev/Trng (Training)	"
EFFECTIVE DATE	POSITION TITLE & OCCUPATIONAL CODE	GRADE	RD	ORGANIZATION & LOGAN, TITLE (if any)	LOCATION																				
Apr 1975	Ops Off Ch	0136.01	16	DYB DNO/LA/Ch, Plans Programs Stf	Hq																				
Aug 1975	Ops Officer	0136.01	16	DYB DDO/LA/Dev/Trng (Training)	"																				
DATE REVIEWED 20 Feb 1976		PROFILE REVIEWED BY DGM/al																							

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(When Filled In)

PERS. SERIAL NO. 055195		BIOGRAPHIC PROFILE (PART 2)	
NAME (Last-First-Middle) SHAW, Robert Tyler		DATE OF BIRTH 18 Jun 1925	
			
24. SUMMARY OF CAREER PREFERENCE OUTLINE AND/OR FIELD REASSIGNMENT QUESTIONNAIRE			
26. IDENTITY OF OTHER DOCUMENTS WHICH SHOULD BE REVIEWED IN DETAIL SEE COVER HISTORY ATTACHED			
28. ADDITIONAL INFORMATION <u>Appreciation 1953</u> from the US Ambassador, Mexico City for invaluable services rendered during trip to Nogales, Mexicali and Tijuana. <u>Appreciation 1953</u> from R.E. Cartwright for assistance on survey trip along the California Gulf Coast. <u>Commendation 1959</u> from the US Ambassador, Mexico City for outstanding performance of duty while stationed in Mexico. <u>Award 1955</u> Outstanding Prepared Speaker's Trophy by the Mexican Chapter of Toastmaster International as a result of a speech entitled "Stop Kicking the Foreign Service." <u>Award 1974</u> of a Quality Step Increase in recognition of Subject's sustained excellent performance since 1972.			
29. DATE REVIEWED 20 Jan 1976		30. PROFILE REVIEWED BY hmc/col	
		E 2 IMPDET 01 27 01022	

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NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP				DA.	FILE NO.
				19 March 1973	734
X TO: (Check)	X	CHIEF, CONTROL DIVISION, OP	SS NUMBER	268-28-0199	
		CHIEF, CONTRACT PERSONNEL DIVISION, OP	EMPLOYEE NUMBER	055495	
	X	CHIEF, OPERATING COMPONENT (For action) WH	ID CARD NUMBER		
ATTN: Chief Support Staff			OFFICIAL COVER	ESTABLISHED	
REF: Form 1322 dated 12 Mar 73				DISCONTINUED	
SUBJECT: SHAW, Robert T.			UNIT: Department of State		
KEEP ON TOP OF FILE WHILE COVER IN EFFECT					
X	ESTABLISHMENT OF OFFICIAL COVER BLOCK RECORDS			CANCELLATION OF OFFICIAL COVER UNBLOCK RECORDS EFFECTIVE DATE:	
	<input checked="" type="checkbox"/> BASIC COVER PROVIDED EFFECTIVE DATE <u>EOD</u>			SUBMIT FORM 3254 <u>W-2</u> TO BE ISSUED. (HNB 20-11)	
	<input type="checkbox"/> OPERATIONAL COVER PROVIDED FOR <u>TDV</u> OTHER (Specify)			SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (HNB 20-7)	
X	SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (HNB 20-7)			EAA: CATEGORY I <input type="checkbox"/> CATEGORY II <input type="checkbox"/>	
X	SUBMIT FORM 3254 <u>State</u> <u>W-2</u> TO BE ISSUED. (HNB 20-11)			RETURN ALL OFFICIAL DOCUMENTATION TO CCS	
X	SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER. (NR 240-20)			SUBMIT FORM 2688 FOR HOSPITALIZATION CARD.	
X	SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. (NR 240-20)			DO NOT WRITE IN THIS BLOCK	
X	EAA: CATEGORY I <input type="checkbox"/> CATEGORY II <input checked="" type="checkbox"/>				
X	SUBMIT FORM 2688 FOR AOE HOSPITALIZATION CARD				
REMARKS AND/OR COVER HISTORY					
MAR 48-OCT 49-HQS/OVERT OCT 49-FEB 52-VENEZUELA/STATENOM FEB 52-MAY 52-HQS/OVERT MAY 52-JUL 54-EQUADOR/STATE-NOM JUL 54-MAY 56-HQS/OVERT 17 MAY 56-MAY 59-MEXICO/STATE INT MAY 59-MAY 61-HQS/STATE INT MAY 61-MAR 63-HQS/OVERT MAR 63-JUL 66-MEXICO/STATE INT JUL 66-JUL 70-NICARAGUA/STATE INT JUL 70-AUG 72-HONDURAS/ COPY 1 - CO OR CPD STATE INT/AUG 72- COPY 2 - OPERATING COMPONENT 17 MAR 73- COPY 3 - OS/ARCO COPY 4 - OL/TFB HQS/STATE INT COPY 5 - CCS-FILE 18 MAR 73-HQS/STATE INT					
DISTRIBUTION: JUL 70-AUG 72-HONDURAS/ COPY 1 - CO OR CPD STATE INT/AUG 72- COPY 2 - OPERATING COMPONENT 17 MAR 73- COPY 3 - OS/ARCO COPY 4 - OL/TFB HQS/STATE INT COPY 5 - CCS-FILE 18 MAR 73-HQS/STATE INT				CHIEF, OFFICIAL COVER, CENTRAL COVER STAFF	

FORM 1551 USE PREVIOUS EDITION

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BIOGRAPHIC PROFILE

BIOGRAPHIC PROFILE

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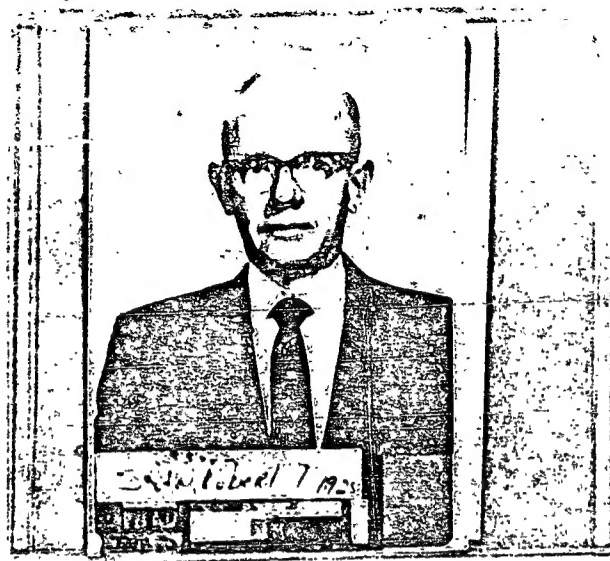
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144

Pre 1963 Request
for Personnel Action

Left

Post 1966 Requests for
Notification
of Personnel Action
and other memos



~~Sanitized~~
bio profile and
Cover Summary

ROBERT T SHAW

SECRET

NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP				DATE	FILE NO.
				19 March 1973	734
X TO: (CROSS)	X	CHIEF, CONTROL DIVISION, OP	AS NUMBER	263-23-0199	
		CHIEF, CONTRACT PERSONNEL DIVISION, OP	EMPLOYEE NUMBER	055495	
	X	CHIEF, OPERATING COMPONENT (For action) VII	ID CARD NUMBER		
ATTN: Chief Support Staff			OFFICIAL COVER	<input checked="" type="checkbox"/> ESTABLISHED <input type="checkbox"/> DISCONTINUED	
REF: Form 1322 dated 12 Mar 73					
SUBJECT: SHAW, Robert T.			UNIT: Department of State		
KEEP ON TOP OF FILE WHILE COVER IN EFFECT					
<input checked="" type="checkbox"/> ESTABLISHMENT OF OFFICIAL COVER BLOCK RECORDS			CANCELLATION OF OFFICIAL COVER UNBLOCK RECORDS EFFECTIVE DATE:		
<input checked="" type="checkbox"/> BASIC COVER PROVIDED EFFECTIVE DATE: EOD			SUBMIT FORM 3254 _____ W-2 TO BE ISSUED. (HNB 20-11)		
<input type="checkbox"/> OPERATIONAL COVER PROVIDED FOR _____ TOY _____ OTHER (Specify)			SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (HNB 20-7)		
<input checked="" type="checkbox"/> SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (HNB 20-7)			EAA: CATEGORY I <input type="checkbox"/> CATEGORY II <input type="checkbox"/>		
<input checked="" type="checkbox"/> SUBMIT FORM 3254 State W-2 TO BE ISSUED. (HNB 20-11)			RETURN ALL OFFICIAL DOCUMENTATION TO CES		
<input checked="" type="checkbox"/> SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER. (HR 240-20)			SUBMIT FORM 2688 FOR _____ HOSPITALIZATION CARD.		
<input checked="" type="checkbox"/> SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. (HR 240-20)			DO NOT WRITE IN THIS BLOCK		
<input checked="" type="checkbox"/> EAA: CATEGORY I <input type="checkbox"/> CATEGORY II <input checked="" type="checkbox"/>					
<input checked="" type="checkbox"/> SUBMIT FORM 2688 FOR AGE HOSPITALIZATION CARD					
REMARKS AND/OR COVER HISTORY					
MAR 63-JUL 66-MEXICO/STATE INT					
DISTRIBUTION: COPY 1 - CD OR CP COPY 2 - OPERATING COPY 3 - OS/SRAC COPY 4 - OL/TFB COPY 5 - CCS-FILE					
CHIEF, OFFICIAL COVER, CENTRAL COVER STAFF					

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1. PERSONAL DATA		BIOGRAPHIC PROFILE (PART I) SCD: 2 Sep 1946			
2. NAME (Last-First-Middle)		3. SEX	4. DATE OF BIRTH	5. LONGEVITY COMP. DATE	
SMITH, Robert Tyler		M	18 Jun 1925	3 Mar 1948	
6. MARITAL STATUS	7. DEPENDENT (Include name)	8. NO. YEARS OF BIRTH	9. US NATURALIZATION DATE		
Married		3 1927 1955 1955	NA	NA	
10. CARRIER STATUS	11. MEMBERSHIP	12. OTHER STATUS	13. LAST MO. RPT. QUAL. FOR	14. EVAL. FOR	
Staff	Jul 1954		Jul 1975	Prop TDY	
15. CURRENT RESERV STATUS	16. GRADE	17. ACTIVE DUTY WITH CIA CAT. 1	18. RELEASE TO MIL. SER. CAT. 2	19. TO BE DEFERRED CAT. 3	
20. ASSIGNMENT DATE		21. PROFESSIONAL TEST DATE		22. LANGUAGE APTITUDE TEST DATE	
Jul 1947		None		None	
23. NON-CIA EMPLOYMENT 1942 FAD, Patterson Pld, Ohio - Messenger (summer) 1943-45 Military Service, US Army, Pfc - Military and Combat Intelligence 1947-48 Proctor & Gamble, Cincinnati, Ohio - Editor, Personnel Research Dept					
24. NON-CIA EDUCATION					
1943; 1945 Ohio State Univ - Engineering, Liberal Arts 1944-45 Camp Ritchie, Md - Aerial Photo. Interpr. 1945-47 Univ of Indiana - B.S. Spanish, Political Science, History 1965-66 USD, (Corresp) Mod Supv. Practice (See/18 below)					
25. FOREIGN LANGUAGE ABILITIES (Language, Proficiency, Date Tested)		Spanish - R, S, U Native; W, P High (May 1960); Translate - May 1957			
26. AGENCY ASSIGNED TRAINING					
1965-66 Mod Supv Pract/USDA 1965 COS Sem (Continued)					
27. CIA EMPLOYMENT HISTORY SINCE 10 SEPT 1947 (Personnel actions, Military Orders, and Principal Details)					
EFFECTIVE DATE	POSITION TITLE & OCCUPATIONAL CODE	GRADE	SO	ORGANIZATION & ORG. TITLE (if any)	LOCATION
Jan 1963	Ops Off 0136.01	14	D	DPP/TFW/FI-CI Soc	Mexico City
Apr 1963	" " 0136.01	14	D	DPP/WH-3/Mexico Sta	Mexico City
28. DATE REVIEWED					
30 Jun 1974					
29. PROFILE REVIEWED BY		30. PROFILE REVIEWED DATE		31. PROFILE REVIEWED BY	
hms/col		31 Aug 1959		VERIFIED BY EMPLOYEE	

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BIOGRAPHIC PROFILE (Continuation Sheet)

PRR, SERIAL NO.

NAME (Last-First-Middle)

SHAW, Robert Tyler

TRAINING DATA

DATE OF BIRTH

1870

PERSONNEL ACTIONS, MILITARY ORDERS, AND PRINCIPAL DETAILS (CONT'D.)

18. CIA EMPLOYMENT HISTORY SINCE 1949	ORGANIZATION & (ORGAN) TITLE (IF ANY)	LOCATION
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POSITION TITLE & OCCUPATIONAL CODE

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LOCATION

DATE REVIEWED

20 Jan 1976

PROFILE REVIEWED BY

1941

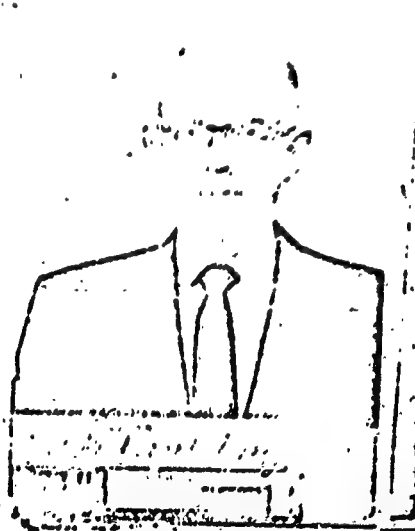
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PROF.

SECRET
(When Filled In)

FORM NO. 1200 (PART 2)	DATE OF BIRTH
055495	18 Jun 1925

NAME (Last-First-Middle)
CHAW, Robert Tyler



26. SUMMARY OF CAREER PREFERENCE OUTLINE AND/OR FIELD REASSIGNMENT QUESTIONNAIRE

28. IDENTITY OF OTHER DOCUMENTS WHICH SHOULD BE REVIEWED IN DETAIL

SEE COVER HISTORY ATTACHED

29. ADDITIONAL INFORMATION

Award 1925 Outstanding Prepared Speaker's Trophy by the Mexican Chapter of Toastmaster International as a result of a speech entitled "Stop Kicking the Foreign Service."

30. DATE REVIEWED

20 Jan 1976

31. PROFILE REVIEWED BY

hmr/cal

2 2 IMPDET

CL by 055495

Date: 1/21/77

MEMORANDUM FOR: _____, ROB
SUBJECT : Request for Estimate of Annuities

1. Please provide estimate of annuities for:

Name: ROBERT T. SHAW

Grade: GS-16

Component: E

DOB: 06 18 25

SCD: 09 02 46

System: CS-1000

ETR: 11 11 1970 92 2528

11 25 25 50 19

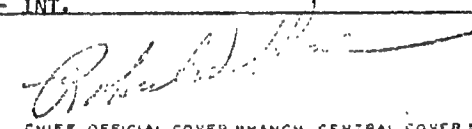
2. Remarks: 1. FROM 10

HE SINCE I AM CHARGED WITH IT. COULD NOT FIND

CHARX FILE

John McConis
Counselor, ROB/RAD

CONFIDENTIAL (when filled in)

NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP				18 OCT 78		734	
TO: (Check)	<input checked="" type="checkbox"/>	CHIEF, CONTROL DIVISION, OP		NS NUMBER 268-28-0199			
		CHIEF, CONTRACT PERSONNEL DIVISION, OP		EMPLOYEE NUMBER 055495			
	<input checked="" type="checkbox"/>	CHIEF, (OPERATING COMPONENT FOR ACTION) ATTN: IG		ID CARD NUMBER			
REF. FORM 1322 DATED 5 SEP 78				OFFICIAL COVER		ESTABLISHED <input checked="" type="checkbox"/> CANCELLED CONTINUED	
STATUS		<input checked="" type="checkbox"/> STAFF	<input type="checkbox"/> CONTRACT				
SUBJECT SHAW, ROBERT T.				UNIT DEPARTMENT OF STATE			
KEEP ON TOP OF FILE WHILE COVER IN EFFECT							
ESTABLISHMENT OF OFFICIAL COVER (BLOCK RECORDS)				<input checked="" type="checkbox"/> CANCELLATION OF OFFICIAL COVER (UNBLOCK RECORDS)			
<input type="checkbox"/> BASIC COVER PROVIDED EFFECTIVE DATE _____				<input checked="" type="checkbox"/> EFFECTIVE DATE: EOD			
<input type="checkbox"/> OPERATIONAL COVER PROVIDED FOR _____ TDY _____ OTHER (Specify)				<input checked="" type="checkbox"/> FORM 3254 CTA W-2 TO BE ISSUED (HNR 20-7)			
SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY _____ (HNR 20-7)				<input checked="" type="checkbox"/> SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY _____ (HNR 20-7)			
				<input checked="" type="checkbox"/> EAA: CATEGORY I <input checked="" type="checkbox"/> CATEGORY II			
				<input checked="" type="checkbox"/> RETURN ALL OFFICIAL DOCUMENTATION TO CDS			
FORM 3254 _____ W-2 TO BE ISSUED. (HNR 20-12)				<input checked="" type="checkbox"/> SUBMIT FORM 2688 FOR GEHA HOSPITALIZATION CARD.			
SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER. (HR 240-20)				DO NOT WRITE IN THIS BLOCK TOP OF FILE MUST REMAIN			
SUBMIT FORM 1323 FOR TRANSFER OF COVER RESPONSIBILITY. (HR 240-20)							
EAA, CATEGORY I <input type="checkbox"/> CATEGORY II <input type="checkbox"/>							
SUBMIT FORM 2688 FOR _____ HOSPITALIZATION CARD							
REMARKS AND/OR COVER HISTORY:							
MAR 48 - OCT 49 - HQS - OVERT OCT 49 - FEB 52 - VENEZUELA, CARACAS - STATE DESIGNEE FEB 52 - MAY 52 - HQS - OVERT MAY 52 - JULY 54 - ECUADOR - STATE DESIGNEE JULY 54 - MAY 56 - HQS - OVERT 17 MAY 56 - MAY 59 - MEXICO - STATE - INT. MAY 59 - MAY 61 - HQS - STATE - INT. MAY 61 - MAR 63 - HQS - OVERT MAR 63 - JULY 66 - MEXICO, MEXICO CITY - STATE - INT. JULY 66 - JULY 70 - NICARAGUA - STATE - INT.							
DISTRIBUTION COPY 1 - CD/TSB OR CPD CONTROL COPY 2 - OPERATING COMPONENT COPY 3 - OS/SHD COPY 4 - CC/DO/TFB COPY 5 - CCS FILE				 CHIEF, OFFICIAL COVER BRANCH, CENTRAL COVER STAFF			

FORM 1551 JAN PREVIOUS EDITION 4-77

SECRET WN-SISM

E2, IMPDET CL. SY. 021964

(13-20-43)

*Not in file at time of review
by HSCA staff*

SECRET

CLASSIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP		DATE	FILE NO.
		19 March 1973	734
<input checked="" type="checkbox"/> CHIEF, CONTROL DIVISION, OP	AS NUMBER 268-28-0199		
CHIEF, CONTRACT PERSONNEL DIVISION, OP	EMPLOYEE NUMBER 055495		
<input checked="" type="checkbox"/> CHIEF, OPERATING COMPONENT (For action) WH	ID CARD NUMBER		
TN: Chief Support Staff		OFFICIAL COVER	<input checked="" type="checkbox"/> ESTABLISHED <input type="checkbox"/> DISCONTINUED
REF: Form 1322 dated 12 Mar 73			
SUBJECT: SHAW, Robert T.		UNIT: Department of State	
KEEP ON TOP OF FILE WHILE COVER IN EFFECT			
<input checked="" type="checkbox"/> ESTABLISHMENT OF OFFICIAL COVER BLOCK RECORDS		CANCELLATION OF OFFICIAL COVER UNBLOCK RECORDS EFFECTIVE DATE:	
<input checked="" type="checkbox"/> BASIC COVER PROVIDED EFFECTIVE DATE EOD		SUBMIT FORM 3254 W-2 TO BE ISSUED. (HNB 20-11)	
<input type="checkbox"/> OPERATIONAL COVER PROVIDED FOR TDY OTHER (Specify)		SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (HNB 20-7)	
<input checked="" type="checkbox"/> SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (HNB 20-7)		EAA: CATEGORY I CATEGORY II	
<input checked="" type="checkbox"/> SUBMIT FORM 2254 State W-2 TO BE ISSUED. (HNB 20-11)		RETURN ALL OFFICIAL DOCUMENTATION TO CCS	
<input checked="" type="checkbox"/> SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER. (HR 240-20)		SUBMIT FORM 2688 FOR HOSPITALIZATION CARD.	
<input checked="" type="checkbox"/> SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. (HR 240-20)		DO NOT WRITE IN THIS BLOCK	
<input checked="" type="checkbox"/> EAA: CATEGORY I CATEGORY II			
<input checked="" type="checkbox"/> SUBMIT FORM 2688 FOR AGE HOSPITALIZATION CARD			
REMARKS AND/OR COVER HISTORY MAR 48-OCT 49-HQS/OVERT OCT 49-FEB 52-VENEZUELA/STATE NOM FEB 52-MAY 52-HQS/OVERT MAY 52-JUL 54-ECUADOR/STATE NOM JUL 54-MAY 56-HQS/OVERT 17 MAY 56-MAY 59-MEXICO/STATE INT MAY 59-MAY 61-HQS/STATE INT MAY 61-MAR 63-HQS/OVERT MAR 63-JUL 66-MEXICO/STATE INT JUL 66-JUL 70-NICARAGUA/STATE INT JUL 70-AUG 72-HONDURAS/ DISTRIBUTION COPY 1 - CL OF CPD STATE INT/AUG 72- COPY 2 - OPERATING COMPONENT 17 MAR 73- COPY 3 - CS/SSACO COPY 4 - GL/TED HQS/STATE INT COPY 5 - CCS-FILE 18 MAR 73-HQS/STATE NOM			

FORM 1-73

1551 USE PREVIOUS EDITION

SECRET

F-2, IMPDET CL BY 607522

(13-20-43)

Post 1966 Notifications
of Personnel Action

1. EMPLOYEE NUMBER 035495		2. NAME (LAST FIRST MIDDLE) SHAW ROBERT T		3. EFFECTIVE DATE 11 100		4. CATEGORY OF EMPLOYMENT REGULAR	
5. TYPE OF PERSONNEL ACTION REASSIGNMENT				6. COST CENTER NO. CHARGEABLE 104-0000		7. CTE OR OTHER LEGAL AUTHORITY 50 USC 4403	
8. FUNDS V TO V CF TO V X		9. TO CF CF TO CF		10. ORGANIZATIONAL DESIGNATION DUP/WH FOREIGN FIELD BRANCH 2 MANAGUA, NICARAGUA STATION		11. LOCATION OF OFFICIAL STATION MANAGUA, N. CARAGUA	
12. POSITION TITLE CONSULAR OF CONSUL W C CHIEF OF STATION				13. POSITION NUMBER 104		14. SERVICE DESIGNATION D	
15. CLASSIFICATION SCHEDULE (GS, LO, etc.) FSR GS		16. OCCUPATIONAL SERIES 0136.05		17. GRADE AND STEP GS 2 14 4		18. SALARY OR RATE 16391 16675	
19. REMARKS MEXICO CITY, MEXICO							
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
20. ACTION CODE 37	21. EMPLOY CODE 10	22. OFFICE CODING NUMERIC ALPHABETIC 51650 WH	23. STATION CODE 52073	24. INTEGRAL CODE 1	25. DATE OF BIRTH MO DA YR 06 18 25	26. DATE OF GRADE MO DA YR	27. DATE OF LEI MO DA YR
28. WTC EXPIRES MO DA YR		29. SPECIAL REFERENCE 1 - CUC 2 - PCA 3 - NONE	30. RETIREMENT DATA CODE	31. SEPARATION DATA CODE TYPE MO DA YR	32. CORRECTION/CANCELLATION DATA EOD DATA		33. SECURITY REQ. NO. 34. SER
35. VET. PREFERENCE CODE 0 - NONE 1 - 5 PT. 2 - 10 PT.		36. SERV. COMP. DATE MO DA YR	37. LONG COMP. DATE MO DA YR	38. CAREER CATEGORY CAN BNY PROB TEMP	39. PEGU / HEALTH INSURANCE CODE CODE 0 - WAIVER 1 - YES		40. SOCIAL SECURITY NO.
41. PREVIOUS GOVERNMENT SERVICE DATA CODE 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE LESS THAN 3 YRS 3 - BREAK IN SERVICE MORE THAN 3 YRS			42. LEAVE CAT CODE	43. FEDERAL TAX DATA FORM EXECUTED CODE NO TAX EXEMPTIONS 1 - YES 2 - NO		44. STATE TAX DATA FORM EXECUTED CODE NO TAX EXEMPTIONS 1 - YES 2 - NO	
SIGNATURE OR OTHER AUTHENTICATION							
<div style="text-align: right;"> POSTED 68-786-68 </div>							

FORM 1159 Use Previous Edition SECRET

C/WH/2 *G47*

1. Serial No.	2. Name	3. Civil Letter Number	4. LWOP Reason
035495	SHAW ROBERT T	01 090 CF	
5. OLD SALARY RATE		6. NEW SALARY RATE	
Grade	Step	Grade	Step
GS 14 4	16,675	GS 14 5	17,175
7. LEAVE DATE		8. LEAVE DATE	
12/00/84		12/04/84	
9. TYPE ACTION			
NO EXCESS LWOP IN PAY STATUS AT END OF WAITING PERIOD LWOP STATUS AT END OF WAITING PERIOD CLERKS INITIALS AUDITED BY			
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPLIANCE			
SIGNATURE			
<div style="text-align: center;"> PAY CHANGE NOTIFICATION </div>			

1. SERIAL NUMBER 055495		2. NAME (LAST FIRST MIDDLE) SHAW ROBERT T	
3. NATURE OF PERSONNEL ACTION DESIGNATION AS PARTICIPANT IN CIA RETIREMENT AND DISABILITY SYSTEM		4. EFFECTIVE DATE 07/03/66	
5. CATEGORY OF EMPLOYMENT REGULAR		6. COST CENTER NO. CHARGEABLE 7135 (9990) (XXX)	
7. FUND V TO V CF TO V X		8. CSE OR OTHER LEGAL AUTHORITY PL 88-643 SECT. 203	
9. ORGANIZATIONAL DESIGNATION DDP/WH		10. LOCATION OF OFFICIAL STATION MEXICO CITY, MEXICO	
11. POSITION TITLE		12. POSITION NUMBER	
13. CLASSIFICATION SCHEDULE (GS, EO, WH)		14. OCCUPATIONAL SERIES	
15. GRADE AND STEP 14		16. SALARY OR RATE	
17. REMARKS EMPLOYEE WILL RECEIVE NOTIFICATION FROM THE DIRECTOR OF PERSONNEL OF THIS DESIGNATION.			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL			
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODE NUMERIC ALPHABETIC	22. STATION CODE
23. INTEREST CODE	24. HOURS CODE	25. DATE OF BIRTH	26. DATE OF GRADE
27. DATE OF LST	28. NTE EXPIRES	29. SPECIAL REFERENCE	30. RETIREMENT DATA
31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA	33. SECURITY REQ NO.	34. SEN
35. VET. PREFERENCE	36. SERV. COMP. DATE	37. LONG COMP. DATE	38. CAREER CATEGORY
39. FEGLI / HEALTH INSURANCE	40. SOCIAL SECURITY NO.	41. PREVIOUS GOVERNMENT SERVICE DATA	42. LEAVE CAT. CODE
43. FEDERAL TAX DATA	44. STATE TAX DATA	45. FORM EXECUTED	46. NO. OF STATE CODE
SIGNATURE OF OTHER AUTHENTICATION			
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> POSTED 7-14-66 <i>QBS</i> </div>			

FORM 1150
11-66

Use Previous
Edition

SECRET

GROUP 1
Excluded from automatic
downgrading and
declassification

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 89-504
PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949,
AS AMENDED, AND A DCI DIRECTIVE DATED 8 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 3 JULY 1966

NAME	SERIAL	ORGN.	FUNDS	GR+STEP	OLD SALARY	NEW SALARY
SHAW ROBERT T	055495	51	A20	CF GS 14 4	\$10,700	\$10,870

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 49-311
 PURSUANT TO AUTHORITY OF ACT AS PROVIDED IN THE CIA ACT OF 1949,
 AS AMENDED, AND A-DCI POLICY DIRECTIVE DATED 4 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 13 OCTOBER 1965

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	OLD SALARY	NEW SALARY
SHAW ROBERT T.	055495	51	620	CF GS 14 4	\$15,640	\$16,204

14

1 - Serial No.		2 - Name		3 - Cost Center Number		4 - LWOP Hours	
055495		SHAW ROBERT T		51 700 476 CF			
5 - OLD SALARY RATE				6 - NEW SALARY RATE			
Grade	Step	Salary	Low EN Date	Grade	Step	Salary	Effective Date
GS 14	3	\$15,190	12/08/63	GS 14	4	\$15,640	12/06/64
7 - TYPE ACTION							
PSI LSI ADJ							
8 - Remarks and Authorization							
/ / NO EXCESS LWOP / / IN PAY STATUS AT END OF WAITING PERIOD / / LWOP STATUS AT END OF WAITING PERIOD CLERKS INITIALS AUDITED BY 559							
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.							
SIGNATURE: E. J. [Signature]				DATE: 13 OCT 65			
PAY CHANGE NOTIFICATION							

FORM 501 500

Comptroller's Previous Edition

10-571

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87-793 AND DCI MEMORANDUM DATED 1 AUGUST 1956, SALARY IS ADJUSTED AS FOLLOWS, EFFECTIVE 9 JANUARY 1964.

NAME	SERIAL	ORGN	FUNDS	GR-ST	OLD SALARY	NEW SALARY
SHAW ROBERT T	095495	51	700	CF GS 14 3	\$12,695	\$14,915

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87-793 AND DCI MEMORANDUM DATED 1 AUGUST 1956, SALARY IS ADJUSTED AS FOLLOWS, EFFECTIVE 14 OCTOBER 1962

NAME	SERIAL	ORGN	FUNDS	GR-ST	OLD SALARY	NEW SALARY
SHAW ROBERT T	095495	26720	V	14 1	\$12,210	\$12,845

275-251

1	Serial No.	2	Name	3	Gr & Career Number	4	LWOP Hours
	095495		SHAW ROBERT T		26 720 V		
5	OLD SALARY PAGE		6	NEW SALARY PAGE		7	TYPE ACTION
	Grade	Step	Salary	Effective Date	PSI	LSI	ADI
	GS-14	1	\$12,845	12/10/61			
	GS-14	2	\$13,270	12/09/62			
<p>8 Remarks and Authorization</p> <p>NO EXCESS LEOP IN PAY STATUS AT END OF WAITING PERIOD LEOP STATUS AT END OF WAITING PERIOD CLERKS INITIALS <i>W</i> AUDITED BY</p> <p>I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.</p> <p>SIGNATURE: <i>[Signature]</i> DATE: 8 Nov. 62</p> <p>PAY CHANGE NOTIFICATION</p>							

SALARY CONVERTED TO RATE SHOWN FOR INDIVIDUAL'S GRADE AND STEP AS INDICATED IN CHART BELOW:

[illegible]

OLD SALARY RATE				NEW SALARY RATE				TYPE ACTION		
Grade	Step	Salary	Last 10 Days	Grade	Step	Salary	Effective Date	PS	IS	ADJ
GS 14	2	\$13,270	12/09/62	GS 14	3	\$13,695	12/08/63			

/ / NO EXCESS LVOP
 / / IN PAY STATUS AT END OF WAITING PERIOD
 / / LVOP STATUS AT END OF WAITING PERIOD
 CLERKS INITIALS AUDITED BY

I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS
 OF AN ACCEPTABLE LEVEL OF COMPETENCE.

SIGNATURE: *[Signature]* DATE: 29 October 63

PAY CHANGE NOTIFICATION

SECRET
(When Filled In)

ABM: 30 APR 63

NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER:		2. NAME (LAST-FIRST-MIDDLE)									
055495		SHAW ROBERT T									
3. NATURE OF PERSONNEL ACTION:						4. EFFECTIVE DATE:		5. CATEGORY OF EMPLOYMENT			
REASSIGNMENT						04 30 63		REGULAR			
6. FUNDS		7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY							
DDP		3135 5700 1000		50 USC 403 J							
9. ORGANIZATIONAL DESIGNATION:						10. LOCATION OF OFFICIAL STATION					
DDP WH BRANCH 3 MEXICO CITY, MEXICO STATION						MEXICO CITY, MEXICO					
11. POSITION TITLE				12. POSITION NUMBER		13. SERVICE DESIGNATION					
CONSULAR OF CONSUL WC OPS OFFICER				0340		D					
14. CLASSIFICATION SCHEDULE (GS, FS, etc.)				15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE			
FSR GS				0136.01		04 0 14 2		11880 13270			
18. REMARKS MEXICO CITY, MEXICO											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE	20. EMPLOY CODE	21. GRADE CODE	22. STATION CODE	23. CATEGORY CODE	24. GRADE	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LST			
37-	10	64703 WH	45075	1	3	06 19 25					
28. DATE EXPIRES		29. SPECIAL REFERENCE	30. RETIREMENT DATA	31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA	33. SECURITY		34. SEX			
						EOD DATA					
35. VET PREFERENCE		36. VET COMP DATE	37. LEAVE COMP DATE	38. CAREER CATEGORY	39. FEELI / HEALTH INSURANCE	40. SOCIAL SECURITY NO					
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE LTD CODE	43. FEDERAL TAX DATA	44. STATE TAX DATA					
SIGNATURE OR OTHER AUTHENTICATION											
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> POSTED <i>[Signature]</i> </div>											

RZR: 29 MAR 63

SECRET
(When Filled In)

OOF NOTIFICATION OF PERSONNEL ACTION									
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)							
055495		SHAW ROBERT T							
3. NATURE OF PERSONNEL ACTION				4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT			
INTEGRATION--DEPT OF STATE				03 27 63		REGULAR			
6. FUNDS		7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY					
<input type="checkbox"/> 10 V <input checked="" type="checkbox"/> 10 V <input type="checkbox"/> 10 V <input type="checkbox"/> 10 V		X		3135 5700 1000		50 USC 403 J			
9. ORGANIZATIONAL DESIGNATIONS				10. LOCATION OF OFFICIAL STATION					
DDP/WH BRANCH 3 MEXICO CITY, MEXICO STATION				MEXICO CITY, MEXICO					
11. POSITION TITLE				12. POSITION NUMBER		13. SERVICE DESIGNATION			
CONSULAR OF, CONSUL WC OPS OFFICER				0418		D			
14. CLASSIFICATION SCHEDULE (GS, FSR, etc.)		15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE			
FSR GS		0136.01		04 0 14 2		11880 13270			
18. REMARKS									
SUBJECT IS TO BE PAID THE DIFFERENCE BETWEEN CIA SALARY OF \$13270 AND FSR SALARY OF \$11880 TO BE PAID BY DEPT. OF STATE AND ALLOWANCES IN ACCORDANCE THEREWITH. ALL SICK AND ALL HOURS ANNUAL LEAVE TO BE TRANSFERRED TO THE DEPT OF STATE. MARITAL STATUS: MARRIED DAUGHTER - DOB: 7/27/52, SONS- DOB: 9/10/55 (TWINS)									
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL									
19. ACTION CODE		20. EMPLOY CODE		21. OFFICE CODES		22. STATION CODE		23. INTEGREE CODE	
55		10		64700 WH		45075		1	
24. Hqtn. Code		25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEI			
3		06 18 25							
28. RYE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA	
								EOD DATA	
33. VET PREFERENCE		34. SERV. COMP DATE		35. LONG COMP DATE		36. CAREER CATEGORY		37. FEGLI / HEALTH INSURANCE	
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT CODE		43. FEDERAL TAX DATA		44. STATE TAX DATA	
CODE 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 1 YRS.) 3 - BREAK IN SERVICE (MORE THAN 1 YRS.)						FORM EXECUTED 1 - YES 2 - NO		FORM EXECUTED 1 - YES 2 - NO	
SIGNATURE OR OTHER AUTHENTICATION									
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> POSTED 4/1/63 JK </div>									

FORM 11-62 1150

Use Previous
Edition29 MAR
1963

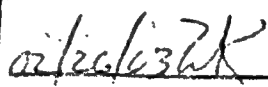
SECRET

 (When Filled In)
 (When Filled In)

 (When Filled In)
 (When Filled In)

BAB: 15 FEB 63

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION												
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)										
055495		SHAW ROBERT T										
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT				
REASSIGNMENT AND TRANSFER TO CONFIDENTIAL FUNDS						02 17 63		REGULAR				
6. FUNDS		7. COST CENTER NO. - CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY								
V TO V		3135 5700 1000		50 USC 403 J								
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION						
DDP * WH BRANCH 3 MEXICO CITY, MEXICO STATION						MEXICO CITY, MEXICO						
11. POSITION TITLE						12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION				
OPS OFFICER						0418		D				
14. CLASSIFICATION SCHEDULE (GS, LO, etc.)				15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE				
GS				0136.01		14 2		13270				
18. REMARKS												
SUBJECT TO APPROVED MEDICAL CLEARANCE PRIOR TO BEING SENT OVERSEAS.												
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL												
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING		22. STATION CODE	23. INTEGREE CODE	24. Bldg/Code	25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LBI	
20	10	NUMERIC	ALPHABETIC	45075		3	MO	DA	YR	MO	DA	YR
		64700	WH				06	18	25			
28. NTE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA		33. SECURITY REG NO.		34. SEN.
NO. DA. YR.		NO. DA. YR.		1. CBC 2. PICA 3. NONE		CODE		NO. DA. YR.		EOD DATA		
80												
35. VET. PREFERENCE		36. SERV COMP. DATE		37. LONG COMP. DATE		38. CAREER CATEGORY		39. FEGLI / HEALTH INSURANCE		40. SOCIAL SECURITY NO.		
CODE		NO DA YR		NO DA YR		CAR DESV CODE		CODE		NO DA YR		
0 - NONE 1 - 5 PT 2 - 10 PT								0 - WAIVED 1 - YES		HEALTH INS CODE		
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT CODE		43. FEDERAL TAX DATA		44. STATE TAX DATA				
CODE				CODE		FORM EXECUTED CODE		NO TAX EXEMPTIONS		FORM EXECUTED		
0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 3 YRS) 3 - BREAK IN SERVICE (MORE THAN 3 YRS)						1 - YES 2 - NO				1 - YES 2 - NO		
SIGNATURE OR OTHER AUTHENTICATION												
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> POSTED  </div>												

FORM 1150
4-62Use Previous
Edition

21 FEB 63

SECRET

USE
1. Insert in space
2. Complete and
3. Submit to

10-911

(When Filled In)

LLG: 4 JAN. 63

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION									
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)							
055495		SHAW ROBERT T							
3. NATURE OF PERSONNEL ACTION				4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT			
REASSIGNMENT				01 04 63		REGULAR			
6. FUNDING		7. COST CENTER NO. CHARGABLE		8. CIP OR OTHER LEGAL AUTHORITY					
X		3232 1000 1000		50 USC 403 J					
9. ORGANIZATIONAL DESIGNATION				10. LOCATION OF OFFICIAL STATION					
DOP TASK FORCE W FI/GI BRANCH				WASH., D.C.					
11. POSITION TITLE				12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION			
OPS. OFF ICER				0578		D			
14. CLASSIFICATION SYMBOL (EX. 1A, 4A)		15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE			
GS		0136.01		14 2		13270			
18. REMARKS									
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL									
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING	22. STATION CODE	23. INTEGRITY CODE	24. HOURS CODE	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LSI	
37	10	61300 TFW	75013			06 18 25			
28. RTE EXPIRES	29. SPECIAL REFERENCE	30. RETIREMENT DATA	31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA	33. SECURITY REG. NO.	34. SER			
35. VET. PREFERENCE	36. SERV. COMP. DATE	37. LONG COMP. DATE	38. CAREER CATEGORY	39. FEGLI/HEALTH INSURANCE	40. SOCIAL SECURITY NO.				
41. PREVIOUS GOVERNMENT SERVICE DATA	42. LEAVE CAT CODE	43. FEDERAL TAX DATA	44. STATE TAX DATA						
SIGNATURE OR OTHER AUTHENTICATION									
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> POSTED 1/15/63 WK </div>									

FORM 1150
6-62Use Previous
Edition

JAN 1963

SECRET

1-6-61
1-6-61
1-6-61

(When Filled In)

Pte 1963 Notification
of Personnel Action

Post 1966
Fetters Rpt

SECRET

(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
				055495	
SECTION A GENERAL					
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE
SHAW, Robert T.			18 Jun 1925	M	GS-14
5. OFFICIAL POSITION TITLE			6. OFF/DIV/BR OF ASSIGNMENT	7. CURRENT STATION	
Ops Officer			DDP/WI/1	Mexico City	
8. CHECK (X) TYPE OF APPOINTMENT			9. CHECK (X) TYPE OF REPORT		
<input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C) <input type="checkbox"/> SPECIAL APPOINTMENT			<input type="checkbox"/> INITIAL <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> SPECIAL (Specify):		
10. DATE REPORT DUE IN O.A.			11. REPORTING PERIOD (From - to)		
31 May 1965			1 June 64 - 31 March 1965		
SECTION B PERFORMANCE EVALUATION					
<p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
SPECIFIC DUTIES					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
SPECIFIC DUTY NO. 1 Agent handling and exploitation. The management, direction and training of existing agent assets. Attention to full operational exploitation of such assets.					RATING LETTER
D F 62					O
SPECIFIC DUTY NO. 2 Development and handling of new operations; target studies, spotting, assessment and recruitment of new agent assets and potentials.					RATING LETTER
DE 14 / 15					S
SPECIFIC DUTY NO. 3 Operational management and administration. Maintenance of project records, preparation of contact reports, memoranda, dispatches and cables as required.					RATING LETTER
DA 12					O
SPECIFIC DUTY NO. 4 General operational support. Liaison with PBSWING, servicing of third country requirements, management of safe houses, etc.					RATING LETTER
D 12					P
SPECIFIC DUTY NO. 5 Intelligence reporting.					RATING LETTER
DP 41					O
SPECIFIC DUTY NO. 6 Supervision of personnel.					RATING LETTER
JCB					P
OVERALL PERFORMANCE IN CURRENT POSITION					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					RATING LETTER
16 JUN 1965					O

SECRET

(When Filled In)

SECTION C

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of major or secondary duties must be described, if applicable.

JUN 16 11 15 AM '65

During the past year, this officer has continued to demonstrate his dedication and highly developed professional skills.

Subject has been called upon to meet a variety of requirements. The spectrum of his activity has been so broad that it has run from the exploitation of his manual dexterity (in installing technical devices) to the most sophisticated and demanding agent handling. Throughout the year, Subject has demonstrated his awareness of the value of KUBARK funds, which he spends as needed but always conscientiously. His reporting on his activities has been especially commendable, and his mastery of tradecraft has been continually in evidence.

Subject has now become Chief of PBRUMEN operations for Station Mexico. This slot was formerly held by a GS-15 officer. It is requested that Subject be promoted to the grade of GS-15, not only because of his present assignment, but in recognition of his fine past performance.

SECTION D

CERTIFICATION AND COMMENTS

1. BY EMPLOYEE		
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT		
DATE	SIGNATURE OF EMPLOYEE	
3 June 65	Robert T. Shaw /s/	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
3 June 65	Operations Officer	David A. Phillips /s/
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL		
<p>Para 2 of covering dispatch RUMT 5493 in its entirety:</p> <p>"COS is in complete agreement with this excellent report on Shaw and recommends that Shaw be promoted to GS-15."</p>		
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
3 June 65	COS	Winston M. Scott /s/

SECRET

No 120-1

6 September 1966

SUBJECT: Memorandum in Lieu of Final Fitness Report on
[REDACTED] Robert T. Shaw

1. Robert T. Shaw [REDACTED] is under (PCS) transfer to the position of COS, Managua, and is scheduled to depart Mexico City on or about 17 September 1966.
Shaw
2. This memorandum is to report that [REDACTED] has continued to perform duties assigned to him at the Mexico City Station in the same exceptional manner reported in HMMT-6516 in which he was rated as outstanding for the year April 1965-April 1966. His duties have been the same as reported in HMMT-6516 and a detailed report on his performance would be a repetition of his previous report.
Shaw
3. It is again recommended that [REDACTED] be promoted to GS-15 in view of his performance and qualifications.

RATING OFFICER: [REDACTED] (September 1966)
Winston M. Scott/s/

EMPLOYEE: [REDACTED] (6 September 1966)
Robert T. Shaw /s/

Employee Number: 055495

67

SECRET

(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
				055495	
SECTION A GENERAL					
1. NAME (Last) (First) (Middle)		2. DATE OF BIRTH	3. SEX	4. GRADE	5. SD
SHAW Robert T.		18 Jun 1925	M	GS-14	D
6. OFFICIAL POSITION TITLE		7. OFF/DIV/BR OF ASSIGNMENT		8. CURRENT STATION	
Ops Officer		DDP/WH/1		Mexico City 1401/10	
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT		
<input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input checked="" type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)			<input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR <input type="checkbox"/> REASSIGNMENT EMPLOYEE		
SPECIAL (Specify):			SPECIAL (Specify):		
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to)		
31 May 1966			1 April 1965 - 30 April 1966		
SECTION B PERFORMANCE EVALUATION					
<p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
SPECIFIC DUTIES					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
SPECIFIC DUTY NO. 1 Manage Station PBRUMEN Operations Section. Supervise 3 other staff personnel (incl one GS-14) inside and one (GS-16) staff agent and contract personnel outside. Assign work responsibilities, provide operational guidances, review intelligence production and reporting, evaluate performances, etc.					RATING LETTER S
SPECIFIC DUTY NO. 2 Agent handling and exploitation. Manage agents and other operational assets working against the PBRUMEN target with particular attention to full exploitation of such assets.					RATING LETTER O
SPECIFIC DUTY NO. 3 Planning and implementation of new operations, including technical operations, against the PBRUMEN target. Spotting, assessment, development, recruiting, training, and handling new agent assets.					RATING LETTER S
SPECIFIC DUTY NO. 4 Operational management and administration. Preparation of FIR's, dispatches (including operational progress reports), cables, memoranda, contact reports, file reviews, etc., as required.					RATING LETTER O
SPECIFIC DUTY NO. 5					RATING LETTER DU 50
SPECIFIC DUTY NO. 6					RATING LETTER
OVERALL PERFORMANCE IN CURRENT POSITION					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					RATING LETTER O
25 MAY 1966					

SECRET

(When Filled In)

SECTION C

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. If applicable, include recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.

This officer possesses highly developed professional skills. He is dedicated; his work is always well done and his reports are well written.

Subject has repeatedly demonstrated that he is aware of the value of government funds which he spends as necessary but always conscientiously.

This officer is articulate in speech and in his writing. He has excellent Spanish, an essential in the position he has occupied.

This officer is an asset to KUBARK and his family are excellent representatives abroad.

Subject could assume command of a station and he would make an excellent Chief of Station in the opinion of the rating officer.

It is again recommended that this officer be promoted to GS-15.

SECTION D

CERTIFICATION AND COMMENTS

1.

BY EMPLOYEE

I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT

DATE

21 April 1966

SIGNATURE OF EMPLOYEE

/s/ Robert T. Shaw

2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

DATE

21 April 1966

OFFICIAL TITLE OF SUPERVISOR

Chief of Station

TYPED OR PRINTED NAME AND SIGNATURE

/s/ Winston M. Scott

3.

BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

I concur generally with the assessment made of Mr. Shaw and agree that Shaw has turned in a highly commendable job and is an excellent operations officer. From here and not having the advantage of on-scene observation I would have rated Shaw with straight S' and overall rating of 'Strong' as compared to 'Outstanding.' Nevertheless, I strongly endorse the COS' recommendation for promotion for Shaw.

DATE

10 May 1966

OFFICIAL TITLE OF REVIEWING OFFICIAL

C/WR/1

TYPED OR PRINTED NAME AND SIGNATURE

W.J. Kaufman

SECRET

SECRET

Section C (Continued)

Overall, this officer is still turning in a performance of high quality under difficult conditions and is a distinct asset to the Station.

SECRET

SECRET
(When Filled In)

EV'S ONLY

FITNESS REPORT				EMPLOYEE SERIAL NUMBER			
				055495			
SECTION A GENERAL							
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE	5. SD	
SHAW Robert T.			15 Jun 1925	M	GS-14	D	
6. OFFICIAL POSITION TITLE			7. OFF/DIV/BR OF ASSIGNMENT		8. CURRENT STATION		
Instructor Operations			OTR		ISOLATION WAC/CS		
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT				
CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input type="checkbox"/>			INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR <input type="checkbox"/>				
CAREER-PROVISIONAL (See Instructions - Section C)			ANNUAL <input type="checkbox"/> JOX <input type="checkbox"/> REASSIGNMENT EMPLOYEE <input type="checkbox"/>				
SPECIAL (Specify)			SPECIAL (Specify)				
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to)				
2 Jul 67			21 July 1962 - 25 January 1963				
SECTION B PERFORMANCE EVALUATION							
<p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>							
SPECIFIC DUTIES							
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).							RATING LETTER
SPECIFIC DUTY NO. 1 Supervises a group of instructors as departmental chairman in the Operations Branch DAND							S
SPECIFIC DUTY NO. 2 Instructs clandestine operations by lecture, seminar and practical exercises.							P
SPECIFIC DUTY NO. 3 Instructs by role-playing as agent or operations officer opposite student case officers							S
SPECIFIC DUTY NO. 4 Counsels and guides students individually.							S
SPECIFIC DUTY NO. 5 Participates in course planning and contributes to course substance.							S
SPECIFIC DUTY NO. 6 Prepares instructional presentations and materials for use in clandestine operations courses.							P
OVERALL PERFORMANCE IN CURRENT POSITION							RATING LETTER
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits, habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.							S

SECRET

(When Filled In)

SECTION C

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.

Mr. Shaw did an excellent job of course planning and personal supervision as a supervisor of instruction in the field of operational tradecraft. He is a first-rate spark plug and idea man, with good talent as a speaker, teacher and student counselor. His field experience, enthusiasm and loyalty have made him a particularly valuable member of the Operations Branch Staff.

In addition to his duties in the Operations Branch, Mr. Shaw also participated in the training of infiltration teams for Task Force W, using the Spanish language.

SECTION D

CERTIFICATION AND COMMENTS

1. BY EMPLOYEE		
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT		
DATE	SIGNATURE OF EMPLOYEE	
30 January 1963	<i>R. Shaw</i>	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
6		
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
28 January 1963	Chief, Operations Branch	<i>Harrington Littell</i> HARRINGTON LITTELL
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL		
In general I agree with Mr. Littell's evaluation of Mr. Shaw's performance. I would have given him a higher rating, however, on Specific Duty No. 2, which covers his over-all performance as an instructor. I think that Mr. Shaw has been one of our best seminar leaders and lecturers. I would, therefore, rate him as "Strong."		
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
31 January 1963	Deputy for Training, ISOLATION	<i>Kenneth P. Miller</i> KENNETH P. MILLER

SECRET

Pre 1963 Fitness Rpt

Post 1966 Training
of insurance loss.



DEPARTMENT OF STATE
FOREIGN SERVICE INSTITUTE
WASHINGTON

June 28, 1966

Dear Mr. Shaw:

Friday we received your grade from the United States Department of Agriculture Graduate School in Modern Supervisory Practice.

✓ We wish to congratulate you on making an A+ in the course. To my knowledge, this is the first A+ received in any correspondence study course to be taken by Department personnel.

We trust that the course will be useful to you--and again congratulations.

Sincerely,

Evert T. Little

Evert T. Little
Chief

Extension Training Division

Mr. Robert T. Shaw
American Embassy
MEXICO

For inclusion in Robert T. Shaw's official folder.

K. W. Wambold
10/16/66

SECRET
(When Filled In)

VERIFIED RECORD OF OVERSEAS SERVICE

TO:
Office of Personnel, Statistical Reporting Branch, ROOM 5 E 2506 Headquarters

EMPLOYEE SERIAL NO. <small>1-6</small>	NAME OF EMPLOYEE			OFFICE/COMPONENT <small>25-28</small>
	LAST <small>(Print)</small>	FIRST <small>7-20</small>	MIDDLE	
055495	Shaw	Robert	T.	51

INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (*One only*). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR.

PCS DATES OF SERVICE

TYPE OF DATA	CODE	ARRIVAL			DEPARTURE			COUNTRY	OMIT
		MONTH	DAY	YEAR	MONTH	DAY	YEAR		
1 - PCS (<i>Basic</i>)	27	28-29	30-31	32-33	34-35	36-37	38-39	Nicaragua	40-42
3 - CORRECTION									520
5 - CANCELLATION	1	07	20	66					

TDY DATES OF SERVICE

TYPE OF DATA	CODE	DEPARTURE			RETURN			AREAS	OMIT
		MONTH	DAY	YEAR	MONTH	DAY	YEAR		
2 - TDY (<i>Basic</i>)	27	28-29	30-31	32-33	34-35	36-37	38-39		40-42
4 - CORRECTION									
6 - CANCELLATION									

SOURCE OF RECORD DOCUMENT

<input type="checkbox"/> TRAVEL VOUCHER	<input type="checkbox"/> DISPATCH
<input checked="" type="checkbox"/> CABLE	<input type="checkbox"/> DUTY STATUS OR TIME AND ATTENDANCE REPORT
<input type="checkbox"/> OTHER (<i>Specify</i>)	

DOCUMENT IDENTIFICATION NO. IN 99956	DOCUMENT DATE/PERIOD 9/24/66
---	-------------------------------------

REMARKS

PREPARED BY	<input checked="" type="checkbox"/> REPORT ANNOTATED ON SOURCE DOCUMENT	SIGNATURE <i>Jackie E. Peringer</i>
	DATE 9/22/66	
<input checked="" type="checkbox"/> C & T DIVISION	ABOVE DATA VERIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED	

FORM 10-66 1451a USE PREVIOUS EDITION.

SECRET

GROUP 1
Excluded from automatic
downgrading and declassification

(4-10)

SECRET

1. NAME (Last, First, Middle)		2. DATE OF BIRTH		3. GRADE	
SEAW, ROBERT T.		27 AUGUST 1925		GS-14 4	
4. OFFICE, DIVISION, BRANCH (or overseas station and existing cover if lateral assignment)		5. PRESENT POSITION		6. EMPLOYEE EXTENSION	
DDF/WH/MEXICO CITY STATION (ODACID)		OPS OFFICER/340		FIELD	
7. PROPOSED STATION		8. PROPOSED POSITION (title, number, grade)			
MANAGUA, NICARAGUA		COS, OPS OFFICER/0141/GS-00			
9. TYPE OF COVER AT NEW STATION		10. ESTIMATED DATE OF DEPARTURE		11. NO. OF DEPENDENTS TO ACCOMPANY	
DEPARTMENT OF STATE		1 JULY 1966		4	
12. NAME OF DEPENDENT TO ACCOMPANY		13. RELATIONSHIP		14. DATE OF BIRTH	
				MONTH YEAR	
JANET L.		WIFE		APR 27	
BARBARA L.		DAUG		JUL 52	
RICHARD W.		SON		AUG 55	
THOMAS R.		SON		AUG 55	
15. COMMENTS					
SUBJECT AND DEPENDENTS WILL TAKE PHYSICALS IN THE FIELD IN ACCORDANCE WITH THE DEPARTMENT OF STATE REGULATIONS.					
17. DATE OF REQUEST		18. SIGNATURE OF REQUESTING OFFICIAL		19. ROOM NUMBER AND BUILDING	
2 MAY 1966		Frank A. Lane WH/PERS		GH-56, Hqs.	
20. EXTENSION					
6815					
21. EVALUATION AND SIGNATURE OF APPROVING OFFICIAL					
<p>5 July 66</p> <p>75617</p> <p>701 55 10 52 VII 66</p>					
REQUEST FOR PCS OVERSEAS EVALUATION					

U. S. DEPARTMENT OF AGRICULTURE
GRADUATE SCHOOL
WASHINGTON, D. C. 20250

Information Record

Robert T. Shaw

To whom it may concern: c/o American Embassy
Mexico City, Mexico

has taken the following courses in the Graduate School and has received the grades shown.

This is an information record and not an official transcript. The student was admitted on the basis of his own statement of previous education and experience, subject to the approval of the instructor.

For certification of academic credit, an official transcript should be requested. Students desiring academic credit must meet qualifications for admission to any standard college on the level of the courses for which they are registering.

COURSE NO.	COURSE TITLE	SEMESTER	GRADE	NO. CREDITS
205 c	Modern Supervisory Practice	6/7/66	A+	2

Correspondence Program

A — 80-100 EXCELLENT	F — BELOW 60 FAILURE
B — 60-80 GOOD	W — AUDITOR
C — 70-79 FAIR	I — INCOMPLETE
D — 60-69 PASSABLE	W — WITHDRAWN

Helen Kempfer, Head
Correspondence Program

AMERICAN EMBASSY
MEXICO, D. F.

June 3, 1965

EMBASSY MEMORANDUM

TO : All FSOs, FSSs and FSRs in Mexico City

FROM : Ralph Scarritt, ^{Admin. Officer} Administrative Officer

SUBJECT: FOREIGN SERVICE INSTITUTE: Correspondence Course in Modern Supervisory Practice, Number 205C

REF. : CA-12771 dated May 28, 1965

Following is the text of the referenced communication:

The Extension Training Division of the Foreign Service Institute is offering for the first time a correspondence course MODERN SUPERVISORY PRACTICE.

The course is recommended for supervisors at all levels. It has been developed by W. R. Van Dersal, N.A. Darg and J. B. Rogers of the United States Department of Agriculture Graduate School. Dr. Van Dersal is a regular lecturer and discussion leader for management classes at the Foreign Service Institute and is highly recommended by FSI as a valued contributor to their programs and materials.

The authors have conducted supervisory training all over the United States for thousands of employees. They are experienced with the Correspondence Method.

The average student will devote a total of 160 hours to the course, which consists of 16 units and for which 2 credits are given. The course should be completed within twelve months of receipt of the first lesson.

The following is quoted from the course brochure, giving brief contents of each unit:

1. WORKING WITH PEOPLE. Basic Principles.
2. ORGANIZATION. The organization chart. Supervisory ratios. Span of control. Line and staff. Handling rapid expansion. Basic principles. How to judge a good organization.
3. COMMUNICATIONS I. Conferencing: Planning and uses. Effective use of speech and discussion. Making one's own talk more persuasive. Problem solving. Efficient listening.

4. COMMUNICATIONS

4. COMMUNICATIONS 2. Formal and informal communication channels. The grapevine. How to read better and faster. How to write more effectively. Testing your own writing.
5. MOTIVATION. Basic principles. Drives, motives, and incentives. Selecting responses to reinforce. The pattern of successful motivation. Testing effectiveness of programs.
6. SUPERVISION--BASIC PRINCIPLES FOR LINE OPERATORS AND MANAGERS. Inducting new employees. Seven principles of supervision. The Scanlon Plan. Using authority constructively. Praise versus punishment.
7. GENERAL PRINCIPLES FOR STAFF OPERATORS. Staff functions. Line-staff relationships. Gaining acceptance. Getting the most value from staff officers. Effective consulting.
8. SUPERVISORY TECHNIQUES. Handling problem employees. What to do when personal problems affect work.
9. TRAINING. Training responsibilities of supervisors. How to plan training programs. Training new employees. The supervisor's own career development program. Handling training during rapid expansion. Justifying training time.
10. PARTICIPATION. When and how to use participation in planning and decision making. Setting guideposts and limits.
11. THE DECISION MAKING PROCESS. Eight steps to better decisions. Decisions making as a learned skill. How to train yourself to make better decisions.
12. WORKLOAD AND ITS RELATION TO STAFFING. Workload analyses. Work plans. Short and long term schedules. Work-improvement studies. Staffing patterns and workload.
13. PLANNING, SCHEDULING, ORGANIZING. Basic principles. Steps in planning. Making and using schedules. Evaluation for better time-use.
14. QUALITY AND QUANTITY CONTROL--INCLUDING INSPECTIONS. Purpose and importance. Theories. How standards control function. Constructive inspection.
15. BOOK REVIEW AND ANALYSIS. To help student integrate thinking and develop an independent approach.

16. SOLVING

16. SOLVING PROBLEM CASES. Student pulls together all he has learned in the course and uses it in solving a job problem.

The course will be offered on a first come, first served basis. It is hoped that a number of applications will be received in time for enrollment during June.

Students who fail, receive an incomplete, or withdraw from this course for other than officially approved reasons will be expected to reimburse FSI for the course cost of \$58.00. If a student fails to complete the course for official reasons, no record is sent to his Personnel File. If he fails to complete the course for other than official and approved reasons and reimburses FSI for the costs of his course, no record is sent to his Personnel File. However a record of "incomplete" or "failure" is sent to his file if he drops or fails the course for reasons not approved and fails to reimburse FSI. This record is then taken into consideration if training is requested at a later date.

All interested officers are requested to submit their applications to the Department on form DG-1131 Field Training Application in accordance with the instructions set forth in 2 FAM 551, 552.

Further information on the course may be obtained by writing to the Extension Training Division, Foreign Service Institute, Department of State, Washington, D. C. 20520.

NOTE: Application forms may be obtained in the Personnel Office.

U. S. DEPARTMENT OF AGRICULTURE
GRADUATE SCHOOL
WASHINGTON, D. C. 20250

Information Record

Robert T. Shaw

To whom it may concern: c/o American Embassy
Mexico City, Mexico

has taken the following courses in the Graduate School and has received the grades shown.

This is an information record and not an official transcript. The student was admitted on the basis of his own statement of previous education and experience, subject to the approval of the instructor.

For certification of academic credit, an official transcript should be requested. Students desiring academic credit must meet qualifications for admission to any standard college on the level of the courses for which they are registering.

COURSE NO.	COURSE TITLE	SEMESTER	GRADE	CREDITS
205 c	Modern Supervisory Practice	6/7/66	A+	2

Correspondence Program

A -- 90-100 EXCELLENT	F -- BELOW 60 FAILURE
B -- 80-89 GOOD	Y -- AUDITOR
C -- 70-79 FAIR	I -- INCOMPLETE
D -- 60-69 PASSABLE	W -- WITHDRAWN

Helen Kempfer
Helen Kempfer, Head
Correspondence Program

AMERICAN EMBASSY
MEXICO, D. F.

June 3, 1965

EMBASSY MEMORANDUM

TO : All FSOs, PSSs and PSRs in Mexico City

FROM : Ralph Searritt, Administrative Officer

SUBJECT: FOREIGN SERVICE INSTITUTE: Correspondence Course in Modern Supervisory Practice, Number 295C

REF. : CA-12771 dated May 28, 1965

Following is the text of the referenced communication:

The Extension Training Division of the Foreign Service Institute is offering for the first time a correspondence course MODERN SUPERVISORY PRACTICE.

The course is recommended for supervisors at all levels. It has been developed by W. R. Van Dersal, M.A. Berg and J. B. Rogers of the United States Department of Agriculture Graduate School. Dr. Van Dersal is a regular lecturer and discussion leader for management classes at the Foreign Service Institute and is highly recommended by FSI as a valued contributor to their programs and to the world.

The authors have conducted supervisory training all over the United States for thousands of employees. They are experienced with the Correspondence method.

The average student will devote a total of 160 hours to the course, which consists of 16 units and for which 2 credits are given. The course should be completed within twelve months of receipt of the first lesson.

The following is quoted from the course brochure, giving brief contents of each unit:

- "1. WORKING WITH PEOPLE. Basic Principles.
2. ORGANIZATION. The organization chart. Supervisory ratios. Span of control. Line and staff. Handling rapid expansion. Basic principles. How to judge a good organization.
3. COMMUNICATION'S I. Conferences: Planning and uses. Effective use of speeches and discussion. Making one's own talk more persuasive. Problem solving. Efficient listening.

4. COMMUNICATIONS

4. COMMUNICATIONS 2. Formal and informal communication channels. The grapevine. How to read better and faster. How to write more effectively. Testing your own writing.
5. MOTIVATION. Basic principles. Drives, motives, and incentives. Selecting responses to reinforce. The pattern of successful motivation. Testing effectiveness of programs.
6. SUPERVISION--BASIC PRINCIPLES FOR LINE OPERATORS AND MANAGERS. Inducting new employees. Seven principles of supervision. The Scanlon Plan. Using authority constructively. Praise versus punishment.
7. GENERAL PRINCIPLES FOR STAFF OPERATORS. Staff functions. Line-staff relationships. Gaining acceptance. Getting the most value from staff officers. Effective consulting.
8. SUPERVISORY TECHNIQUES. Handling problem employees. What to do when personal problems affect work.
9. TRAINING. Training responsibilities of supervisors. How to plan training programs. Training new employees. The supervisor's own career development program. Handling training during rapid expansion. Justifying training time.
10. PARTICIPATION. When and how to use participation in planning and decision making. Setting guideposts and limits.
11. THE DECISION MAKING PROCESS. Eight steps to better decisions. Decisions making as a learned skill. How to train yourself to make better decisions.
12. WORKLOAD AND ITS RELATION TO STAFFING. Workload analyses. Work plans. Short and long term schedules. Work-improvement studies. Staffing patterns and workload.
13. PLANNING, SCHEDULING, ORGANIZING. Basic principles. Steps in planning. Making and using schedules. Evaluation for better time-use.
14. QUALITY AND QUANTITY CONTROL--INCLUDING INSPECTIONS. Purpose and importance. Theories. How standards control function. Constructive inspection.
15. BOOK REVIEW AND ANALYSIS. To help student integrate thinking and develop an independent approach.

16. SOLVING

16. SOLVING PROBLEM CASES. Student pulls together all he has learned in the course and uses it in solving a job problem.

The course will be offered on a first come, first served basis. It is hoped that a number of applications will be received in time for enrollment during June.

Students who fail, receive an incomplete, or withdraw from this course for other than officially approved reasons will be expected to reimburse FSI for the course cost of \$58.00. If a student fails to complete the course for official reasons, no record is sent to his Personnel File. If he fails to complete the course for other than official and approved reasons and reimburses FSI for the costs of his course, no record is sent to his Personnel File. However a record of "incomplete" or "failure" is sent to his file if he drops or fails the course for reasons not approved and fails to reimburse FSI. This record is then taken into consideration if training is requested at a later date.

All interested officers are requested to submit their applications to the Department on form DS-1131 Field Training Application in accordance with the instructions set forth in 2 FAM 551, 552.

Further information on the course may be obtained by writing to the Extension Training Division, Foreign Service Institute, Department of State, Washington, D. C. 20520.

NOTE: Application forms may be obtained in the Personnel Office.

SECRET

FIELD REASSIGNMENT QUESTIONNAIRE			
DO NOT COMPLETE FOR HEADQUARTERS USE ONLY			
AUTHENTICATION OF SIGNATURES AND VERIFICATION OF ITEMS 1 THROUGH 7, BELOW:			
NAME OF EMPLOYEE (true)	DATE (from item 5.1)	NAME OF SUPERVISOR (true)	DATE (from item 5.2)
Robert Shaw	14 Aug 1964	Winston M. Scott	14 Aug 1964
NAME AND SIGNATURE OF OFFICIAL AT HEADQUARTERS AUTHORIZED TO AUTHENTICATE SIGNATURES AND VERIFY DATA IN ITEMS NOS. 1 THROUGH 7, BELOW:			DATE
Murray Benthal			2 Sept 1964
TO BE COMPLETED BY EMPLOYEE			
1. DATE OF BIRTH	2. GRADE	3. CURRENT POSITION TITLE AND GRADE	7A. DATE OF PCS ARRIVAL IN FIELD ON THIS TOUR
18 June 25	GS-14	Operations Officer GS-14	24 April 1963
4. SERVICE DESIGNATION (if known)	5. CURRENT STATION OR FIELD BASE		7B. EXPECTED DATE OF DEPARTURE FROM FIELD
D	Mexico City		On leave - Summer 65
6. OTHER DUTY STATIONS OR FIELD BASES DURING CURRENT TOUR			7C. EXPECTED DATE OF ARRIVAL AT HEADQUARTERS PCS
None			
8. WRITE A DESCRIPTION OF YOUR MAJOR DUTIES DURING THE CURRENT TOUR OF DUTY (see special note on Transmittal Form):			
<p>Conduct of operations aimed at the PERUMEN target.</p> <p>Acquisition and management of agents; operational and intelligence reporting.</p>			
9. PREFERENCE FOR NEXT ASSIGNMENT:			
A. WRITE A BRIEF DESCRIPTION OF THE TYPE OF WORK YOU WOULD PREFER FOR YOUR NEXT ASSIGNMENT IF IT DIFFERS FROM THAT INDICATED IN ITEM NO. 3, ABOVE. IF YOU HAVE MORE THAN ONE PREFERENCE, INDICATE YOUR CHOICES.			
<p>If my request for reassignment to current Station (first preference) is approved, I would expect to continue to operate primarily against the PERUMEN target in view of the priority assigned to that effort in the current RMD for Mexico. I would like to have an opportunity to do some work in other lines, however, especially in host government penetration and possibly in Soviet/Satellite penetration. If I am to be assigned elsewhere, I would prefer not to work on PERUMEN operations to the exclusion of other operations. I would prefer to retain ODACID cover which I have been using since 1948.</p> <p>If transferred elsewhere, would prefer assignment as Chief of a field installation -- have twice been COB in WHD.</p> <p>I do not wish a HQS assignment at this time. I have already had three HQS tours.</p>			
B. INDICATE WHAT TRAINING YOU BELIEVE YOU SHOULD HAVE IN ORDER TO INCREASE YOUR VALUE TO THE ORGANIZATION (refer to catalog of courses, if available):			
<p>In 1963 I completed a four-year stint as an instructor at ISOLATION -- do not believe further training is in order at this time.</p>			

SECRET

<p>9. PREFERENCE FOR NEXT ASSIGNMENT (continued)</p> <p>C. INDICATE YOUR PREFERENCE FOR NEXT ASSIGNMENT BY INSERTING NUMBERS 1, 2 AND 3 (for 1st, 2nd and 3rd choice) IN THE BOXES BELOW:</p> <p><input type="checkbox"/> RETURN TO MY CURRENT STATION THIS IS BY FAR FIRST CHOICE</p> <p><input checked="" type="checkbox"/> BE ASSIGNED TO HEADQUARTERS FOR A TOUR OF DUTY, WITH RESPECT TO POSSIBLE ASSIGNMENT IN HEADQUARTERS. INDICATE CHOICE OF COMPONENT:</p> <p>1ST. CHOICE <u>DOD/Field</u> 2ND. CHOICE <u>OTR/ISO</u> 3RD. CHOICE <u>DCI/Staff</u></p> <p><input checked="" type="checkbox"/> BE ASSIGNED TO ANOTHER FIELD STATION, WITH RESPECT TO POSSIBLE REASSIGNMENT TO ANOTHER FIELD STATION. INDICATE CHOICE OF GEOGRAPHIC AREA OR SPECIFIC STATION, BASED ON QUALIFICATIONS:</p> <p>1ST. CHOICE <u>Barcelona (COB)</u> 2ND. CHOICE <u>Madrid (DCOS)</u> 3RD. CHOICE <u>Sao Paulo (COB)</u></p>	
<p>10. HOW MUCH LEAVE DO YOU DESIRE BETWEEN ASSIGNMENTS?</p> <p align="right">INDICATE NUMBER OF WORK DAYS <u>45</u></p>	
<p>11. INDICATE THE NUMBER AND AGE OF DEPENDENTS WHO WILL BE TRAVELLING OR MOVING WITH YOU:</p> <p>Wife <u>37</u> Daughter <u>12</u> Total dependents - <u>4</u> Twin sons <u>9</u></p>	
<p>11A. INDICATE ANY CHANGE IN YOUR PERSONAL OR FAMILY SITUATION WHICH SHOULD BE CONSIDERED IN DETERMINING YOUR NEXT ASSIGNMENT</p> <p>Children are all of school age. In case of transfer, would prefer assignment to Station having good schools.</p>	
<p>12. SIGNATURE: COMPLETE ITEM NO. 5-1, TRANSMITTAL SHEET, TO INDICATE COMPLETION OF ABOVE PORTION OF THIS FORM.</p> <p align="center">TO BE COMPLETED BY SUPERVISOR AT FIELD STATION</p>	
<p>13. IN CONSIDERATION OF THE PAST EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, HIS EXPRESSED PREFERENCE FOR NEXT ASSIGNMENT, AND THE STAFFING REQUIREMENTS OF THE STATION, INDICATE YOUR RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING:</p> <p>It is urged that this officer be allowed to return to Mexico City Station for a second tour. He has excellent Spanish; he has many worthwhile contacts with Mexican governmental, political and business figures not known to other Station personnel. He has excellent contacts with ODURGE (border) officials.</p> <p>His unique (for this Station) ODACID cover enables him to meet persons of interest. He knows and likes Mexico; he is in the midst of a long-range program which can best be done by continuity.</p>	
<p>14. SIGNATURE: COMPLETE ITEM NO. 5-2, TRANSMITTAL SHEET, TO INDICATE COMPLETION OF THIS PORTION OF THE FORM.</p> <p align="center">TO BE COMPLETED BY APPROPRIATE CAREER SERVICE OFFICER OR PERSONNEL OFFICER AT HEADQUARTERS</p>	
<p>15. IN CONSIDERATION OF THE PAST EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, HIS EXPRESSED PREFERENCE FOR NEXT ASSIGNMENT, AND THE STAFFING REQUIREMENTS OF THE COMPONENT TO WHICH HE IS CURRENTLY ASSIGNED, INDICATE YOUR RECOMMENDATIONS FOR HIS NEXT ASSIGNMENT AND TRAINING:</p> <p>WH Division recommends that Mr. Shaw return for a second tour of duty in Mexico City following home leave in the summer of 1965.</p>	
<p>16. NAME OF CAREER SERVICE OFFICER OR PERSONNEL OFFICER</p> <p>ROBERT D. CASHMAN C/WH/PERS</p> <p>DATE</p>	<p>SIGNATURE</p> <p><i>[Signature]</i></p>
<p align="center">FOR USE OF CAREER SERVICE</p>	
<p>17. EMPLOYEE <input type="checkbox"/> HAS <input type="checkbox"/> HAS NOT BEEN NOTIFIED OF PLANNED REASSIGNMENT</p>	<p>18. REFERENCE</p> <p>DISPATCH NO. <u>300005 3759</u> CABLE NO. _____</p>
<p>19. TYPED OR PRINTED NAME</p> <p><u>RONALD GAGE</u></p>	<p>20. SIGNATURE</p> <p><i>Ronald Gage</i></p>
<p>21. TITLE</p> <p><u>Officer A/CSPC</u></p>	<p>22. DATE</p> <p><u>16/16/64</u></p>
<p>23. COMMENTS</p> <p><i>New Tour after home leave in summer 65</i> <i>P. Hall</i></p>	

SECRET

SECRET
(When Filled In)

VERIFIED RECORD OF OVERSEAS SERVICE

TO:

Office of Personnel, Statistical Reporting Branch, ROOM 192 Curie Hall

EMPLOYEE SERIAL NO. 1-6	NAME OF EMPLOYEE			OFFICE/COMPONENT 29-36
	LAST (Print)	FIRST	MIDDLE	
55495	SHAW	ROBERT	T.	51

INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR.

PCS DATES OF SERVICE

TYPE OF DATA	CODE	ARRIVAL			DEPARTURE			COUNTRY	CWIT
		MONTH	DAY	YEAR	MONTH	DAY	YEAR		
1 - PCS (Basic)	27	28-29	30-31	32-33	34-35	36-37	38-99		60-62
2 - CORRECTION									
3 - CANCELLATION	1	04	23	63				MEXICO	450

TDY DATES OF SERVICE

TYPE OF DATA	CODE	DEPARTURE			RETURN			AREA(S)	CWIT
		MONTH	DAY	YEAR	MONTH	DAY	YEAR		
1 - TDY (Basic)	27	28-29	30-31	32-33	34-35	36-37	38-99		45-62
2 - CORRECTION									
3 - CANCELLATION									

SOURCE OF RECORD DOCUMENT

TRAVEL VOUCHER	<input checked="" type="checkbox"/>	DISPATCH
CABLE	<input type="checkbox"/>	DUTY STATUS OR TIME AND ATTENDANCE REPORT
OTHER (Specify)		

DOCUMENT IDENTIFICATION NO. HMT - 3681	DOCUMENT DATE/PERIOD 4/25/63
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REMARKS

PREPARED BY FACED DIVISION	REPORT APPROVED BY SOURCE DOCUMENT DATE 5/11/63	ADDS DATA VERIFIED CORRECT BASED UPON SOURCE DOCUMENT CITED SIGNATURE
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FORM 1451a USE PREVIOUS EDITIONS

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16-491

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VERIFIED RECORD OF OVERSEAS SERVICE

30:533 JAN 25 63

TO:

Office of Personnel, Statistical Reporting Branch, ROOM 192 Curie Hall

EMPLOYEE SERIAL NO.	NAME OF EMPLOYEE			OFFICE/COMPONENT
	LAST	FIRST	MIDDLE	
55495	Shaw	Robert	T	51 24.28

INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR.

PCS DATES OF SERVICE

TYPE OF DATA	ARRIVAL				DEPARTURE				COUNTRY	OMIT
	CODE	MONTH	DAY	YEAR	MONTH	DAY	YEAR			
1 - PCS (Basic)	26	27-28	29-30	31-32	33-34	35-36	37-38		39-41	
3 - CORRECTION										
5 - CANCELLATION										

TDY DATES OF SERVICE

TYPE OF DATA	DEPARTURE				RETURN				AREA(S)	OMIT
	CODE	MONTH	DAY	YEAR	MONTH	DAY	YEAR			
2 - TDY (Basic)	26	27-28	29-30	31-32	33-34	35-36	37-38		39-41	
4 - CORRECTION	2	27-28	29-30	31-32	33-34	35-36	37-38	60 #	811	
6 - CANCELLATION										

SOURCE OF RECORD DOCUMENT

<input checked="" type="checkbox"/> TRAVEL VOUCHER	<input type="checkbox"/> DISPATCH
<input type="checkbox"/> CABLE	<input type="checkbox"/> DUTY STATUS OR TIME AND ATTENDANCE REPORT
<input type="checkbox"/> OTHER (Specify)	

DOCUMENT IDENTIFICATION NO.

DOCUMENT DATE/PERIOD

REMARKS

PREPARED BY

REPORT APPROVED OR
SOLICIT DOCUMENTAPPROVE DATA VERIFIED CORRECT. DATES FROM SOURCE
DOCUMENT CIVIC

FISCAL DIVISION

DATE

SIGNATURE

FINANCE DIVISION

1451a

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CONFIDENTIAL
(when filled in)

IMPORTANT

Central Processing Branch has been charged with responsibility (OPM 20-6-1 dated 12 October 1961) for ensuring that all employees processing PCS to the field have reviewed the field version of the Employee Conduct Handbook. You will not be checked out for your proposed travel until you sign the following statement and return it to CPB. Your Personnel Officer can provide you with a copy of the Handbook.

.....

MEMORANDUM OF UNDERSTANDING

I hereby acknowledge that I have read and understand the contents of Field Handbook 20-4, Employee Conduct, dated 30 July 1962.

Robert Shaw
Signature

14 February 1963
Date

ROBERT SHAW

12

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Complete in duplicate. The data recorded on this form is essential in determining travel expenses allowable in connection with leave of government expense, overseas duty, return to residence upon separation, and for providing current residence and dependency information required in the event of an employee emergency. The original of this form will be filed in the employee's official personnel folder.

NAME OF EMPLOYEE (Last) (First) (Middle) SOCIAL SECURITY NUMBER
 SHAW ROBERT TYLER

1. RESIDENCE DATA

PLACE OF RESIDENCE WHEN INITIALLY APPOINTED
 FT. THOMAS, KENTUCKY

LAST PLACE OF RESIDENCE IN CONTINENTAL U.S. (If appointed abroad)

PLACE IN CONTINENTAL U.S. DESIGNATED AS PERMANENT RESIDENCE
 FALLS CHURCH, VA. TUCSON, ARIZONA

HOME LEAVE RESIDENCE
 FALLS CHURCH, VIRGINIA

2. MARITAL STATUS (Check one)

☐ SINGLE ☒ MARRIED ☐ SEPARATED ☐ DIVORCED ☐ WIDOWED ☐ ANNULLED

IF MARRIED, PLACE OF MARRIAGE
 TUCSON, ARIZONA

DATE OF MARRIAGE
 2 SEP 1946

IF DIVORCED, PLACE OF DIVORCE DECREE

DATE OF DECREE

IF WIDOWED, PLACE SPOUSE DIED

DATE SPOUSE DIED

IF PREVIOUSLY MARRIED, INDICATE NAME(S) OF SPOUSE, REASON(S) FOR TERMINATION, AND DATE(S)

3. MEMBERS OF FAMILY

NAME OF SPOUSE
 JANET LEE SHAW

ADDRESS (No., Street, City, Zone, State)
 415 LINDEN LANE, FALLS CHURCH

TELEPHONE NO.
 JE 2-0199

NAMES OF CHILDREN
 BARBARA

ADDRESS
 SAME

SEX
 F

DATE OF BIRTH
 27 JUL 1922

RICHARD

M

10 SEP 1923

THOMAS

M

10 SEP 1925

NAME OF FATHER (Or male guardian)
 GEN. F. P. SHAW

ADDRESS
 415 LINDEN LANE, FALLS CHURCH

TELEPHONE NO.
 JE 2-0199

NAME OF MOTHER (Or female guardian)
 INEZ S. SHAW

ADDRESS
 SAME

TELEPHONE NO.

WHAT MEMBER(S) OF YOUR FAMILY IF ANY, HAS BEEN TOLD OF YOUR AFFILIATION WITH THE ORGANIZATION IF CONTACT IS REQUIRED IN AN EMERGENCY?
 FATHER

4. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

NAME (Mr., Mrs., Miss) (Last-First-Middle)
 MAJ. GEN. FRANKLIN P. SHAW

RELATIONSHIP
 FATHER

HOME ADDRESS (No., Street, City, Zone, State)
 415 LINDEN LANE, FALLS CHURCH, VA.

HOME TELEPHONE NUMBER
 JE 2-0199

BUSINESS ADDRESS (No., Street, City, Zone, State) AND NAME OF EMPLOYER, IF APPLICABLE
 RETIRED

BUSINESS TELEPHONE & EXTENSION

IS THE INDIVIDUAL NAMED ABOVE WITTING OF YOUR AGENCY AFFILIATION? (If "No" give name and address of organization he believes you work for.)

YES ☒
 NO

IS THIS INDIVIDUAL AUTHORIZED TO MAKE DECISIONS ON YOUR BEHALF? (If "No" give name and address of person, if any, who can make such decisions in case of emergency.)

YES ☒
 NO

DOES THIS INDIVIDUAL KNOW THAT HE HAS BEEN DESIGNATED AS YOUR EMERGENCY ADDRESSEE? (If answer is "No" explain why in item 5.)

YES ☒
 NO

The persons named in item 3 above may also be notified in case of emergency. If such notification is not desirable because of health or other reasons, please so state in item 5 on the reverse side of this form.

CURRENT RESIDENCE AND DEPENDENCY REPORT

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(When Filled In)

<p>3. VOLUNTARY ENTRIES</p> <p>Experience in the handling of employee emergencies has shown that the absence of certain personal data often delays and complicates the settlement of estate and financial matters. The information requested in this section may prove very useful to your family or attorney in the event of your disability or death and will be disclosed only when circumstances warrant.</p> <p>INDICATE NAME AND ADDRESS OF THE BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS AND THE NAMES IN WHICH THE ACCOUNTS ARE CARRIED.</p> <p>AMERICAN SECURITY & TRUST CO., WASH 13, D.C. — ROBERT T. & JANET LEE SHAW ACCT. # 606-10-247</p>		
<p>HAVE YOU COMPLETED A LAST WILL AND TESTAMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. (If "Yes" where is document located?)</p> <p>AMONG PERSONAL EFFECTS</p>		
<p>HAVE YOU PREPLANNED AN ARRANGED GUARDIANSHIP OF YOUR CHILDREN IN CASE OF COMMON DISASTER TO BOTH PARENTS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. (If "Yes" give name(s) and address)</p>		
<p>HAVE YOU EXECUTED A POWER OF ATTORNEY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. (If "Yes", who possess the power of attorney?)</p>		
<p>4. ADDITIONAL DATA AND/OR CONTINUATION OF PRECEDING ITEMS</p>		
<p>SIGNED AT: NPS. DATE: 14 Feb 1963 SIGNATURE: R. Lee Shaw</p>		

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ASD

Supplement to Staff Employee Personnel

Action for Integration of Robert T. Shaw

Effective 27 March 1963

The purpose of this memorandum is to call your attention to existing policies which are particularly material to you while you are integrated and to set forth certain rights and obligations which are incident to your status as an appointed employee. It is hereby agreed and understood that:

1. As an employee of this organization, at the present grade and salary of GS-14 \$13,270. per annum, you will accept cover employment with another instrumentality of the Government (hereinafter referred to as "your cover facility") effective as of 27 March 1963. You will, insofar as consistent with your basic responsibility to this organization, abide by all the rules, regulations, practices and policies of your cover facility, in order to appear as a conventional member of that establishment. Your appointment to your cover facility is being effected at GS-4 and salary of \$11,800. per annum. You are prohibited, except as specifically authorized herein, from retaining emoluments paid by your cover facility.

2. It is understood and agreed that the minimum period of your overseas tour of duty is governed by and coincident with the prescribed tour of duty of your cover organization. Currently, your prescribed tour consists of a period of Two Years from the date of your arrival at your overseas post of duty. Your assignment may be terminated earlier for the convenience of this organization and the length of your tour of duty, as currently specified, may be unilaterally changed by this organization in order to conform with subsequent changes in the prescribed tour of your cover facility. If you request termination of your overseas assignment solely for your own convenience, unless it is for circumstances that are considered by this organization to be beyond your control or if you are terminated for cause under the regulations of this organization before you have completed the minimum period of service prescribed above from the date of arrival at your overseas post of duty, you will not be entitled to return travel or transportation for yourself or your dependents to the United States at Government expense. If you request termination of your overseas assignment solely for your own convenience, unless it is for circumstances that are considered by this organization to be beyond your control or if you are terminated for cause under the regulations of this organization before you have completed one (1) year of service from the date of your arrival at your overseas post of duty, you will be required to reimburse the Government for all of its expenses for your travel and transportation, and that of your dependents, from the continental United States to such overseas post of duty.

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3. Travel to your post of duty overseas and your return travel to the United States, as well as travel performed overseas which is consistent with your cover designation, will normally be at the direction of your cover facility. Such travel will be accomplished in conformance with applicable regulations of your cover facility except when you are directed for operational reasons to perform travel in accordance with the regulations of this organization.

4. Salary and (except as provided in paragraph three (3) above) allowances paid by your cover facility shall be retained by you to the extent that they are less than or equal to the salary and allowance payments due on the basis of your grade level with this organization. If such cover payments are less than the amount due, the difference will be credited to your payroll account with this organization. If such cover payments exceed the amount due, the overage will be remitted to this organization at designated intervals, presently NA. Computations hereunder will be made on the basis of the aggregate gross due and received provided, however, that in computing remittances for overage Federal and, if applicable, District of Columbia income taxes withheld by your cover facility against the overage may be deducted. To assure timely accuracy in your payroll account with this organization you are expected to immediately report cover facility payroll changes.

5. Your status as an employee of this organization will continue in full force and effect during your period of duty with your cover facility and you will continue to be entitled to all rights, benefits and emoluments of such status. Certain variations in procedure will be required, however, to preserve the security of your cover position.

a. Upon integration into your cover facility, you will continue to be covered by the provisions of the Civil Service Retirement Act, as amended, and at your personal expense you will be subject to payroll deductions for retirement purposes (now six and one-half per cent) on the basis of your cover salary or your salary from this organization, whichever is the greater.

b. If you receive taxable income from both your cover facility and this organization, necessary adjustments for Federal, and if applicable, District of Columbia income tax purposes will be made in conformance with instructions received from this organization.

c. Consistent with your cover activity, you will continue to be responsible for compliance with the rules and regulations of this organization.

d. You are not assured upon the completion of your period of duty with your cover facility of any status with your cover based on your services performed with that organization at the request of this organization.

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e. All annual and sick leave which is accrued to your credit at the time of integration will be transferred to your cover facility. While integrated you will be permitted annual leave, sick leave, home leave, and leave without pay in accordance with the regulations of your cover facility in lieu of the leave benefits of this organization. Upon completion of your integration your accrued annual and sick leave will be transferred to your credit with this organization. If security conditions require that your cover facility make a lump-sum payment for accrued annual leave, you will be required to pay the gross amount thereof to this organization including any income taxes withheld by your cover facility.

6. You will be required to keep forever secret this agreement and all other information which you may obtain by reason hereof, unless you are released in writing by this organization from this obligation. Violation of such secrecy may subject you to criminal prosecution under the Espionage Laws, dated 25 June 1948, as amended, and other applicable laws and regulations. The termination of your employment with this organization will not release you from the obligation of any security oath you may be required to take.

UNITED STATES GOVERNMENT

BY *Rae Marie Corbett*
Personnel Office

ACCEPTED:

R. Shaw
Robert T. Shaw

Pre 1963 Training &
related loss.

Medical clearances

Pre 1963 Documents
(application forms,
awards, PHS supplements)

TELEPHONE REQUEST FOR RECORDS OR INFORMATION
 NATIONAL PERSONNEL RECORDS CENTER, TCPS
 111 Minnabago Street
 St. Louis, MO 63118

CAUTION: Complete all items

Former Federal Employee informed of Privacy Act compliance requirements per instructions in NPRC-1067.43.

CURRENT NAME (Last, first, middle)
 SHAW, ROBERT T.

NAME UNDER WHICH FORMERLY EMPLOYED FEDERALLY (if different than current name)

DATE OF REQUEST
 6-9-78

DATE OF BIRTH
 MONTH: 6 DAY: 18 YEAR: 25

SOCIAL SECURITY NUMBER
 268 280 199

PREVIOUS FEDERAL EMPLOYMENT

AGENCY AND BUREAU	LOCATION	FROM	TO
WAR DEPT	PATTERSON 177B	Summer 1941	8-6-42 ✓
STATE DEPT		1952	3-17-73 ✓

RECORDS OR INFORMATION REQUESTED

- ☒ OFFICIAL PERSONNEL FOLDER
- ☒ Forward to requesting agency.
- ☐ Deliver to information desk for review by Federal Agent.
- ☐ Deliver to the appropriate Correspondence Unit Supervisor for review by employee.
- ☐ STATEMENT OF SERVICE
- ☐ Mail to requester.
- ☐ Deliver to information desk.
- ☐ FEDERAL EMPLOYEES GROUP LIFE INSURANCE
- ☐ Prepare and furnish duplicate original SF-56.
- ☐ Furnish SF-56.
- ☐ CALL BACK (Specify information wanted below).

RECORDS OR INFORMATION SENT

- ☒ Folder enclosed. 6-13-78 RA
- ☐ Folder was sent to your agency on
- ☐ Folder forwarded in place of information requested. Retain if person is rehired.
- ☐ Folder not received. Suggest you contact last employing office.
- ☐ Folder not located. Suggest further search in your agency. If still unlocated, verify correctness of name, and furnish date forwarded and several names of other folders in same shipment.
- ☐ Folder believed in custody of following agency. Original of your request sent to that agency for action.

TELEPHONE:

☐ ST

☒ COMMERCIAL/HOME

351-6144

NAME OF CALLER:

MR. HENDRICKS

REMARKS:

CIA
 PERSONNEL OFFICE
 WASHINGTON, D.C.
 20505

Enter complete address to which folder or reply is to be mailed. Include ZIP Code.

GENERAL SERVICES ADMINISTRATION

GSA FORM 6895 (Rev. 2-77)

PERSONNEL FILES SECTION, DEPARTMENT OF STATE.

SHAW, ROBERT T. 06-18-25
 268-28-0199

Date: 1/23/79

MEMORANDUM FOR: Sup. Gp.

, ROB

SUBJECT

: Request for Estimate of Annuities

JB
SE

1. Please provide estimate of annuities for:

Name: Robert T Shaw

Grade: GS-16

Component: IG

DOB: 06 18 25

SCD: 09 02 46

System: CDROS

ETR: 11 Jan. 1958

2. Remarks:

OP FILE ATTACHED ROSE KERN

COULD NOT FIND CDROS FILE

JOHN McGUIRE
Counselor, ROB/RAD

CONFIDENTIAL (when filled in)

FORM DS 1037
11-63Use previous form for transfers only
Form and B-4-B-10-1, 10-73

NOTIFICATION OF PERSONNEL ACTION

JOURNAL NUMBER

SERVICE

FS

1 NAME (LAST, FIRST, MIDDLE) SHAW ROBERT T		MR MISS MRS MR	2 EMPLOYEE NO & SER 539700 M	3 BIRTH DATE (MM-DD-YY) 06-18-25	4 SOCIAL SECURITY NO 268-28-0199
5 REGULARITY 2	6 DEPT (3)	7 DIVISION 06	8 SERVICE CLASS DATE 02-28-48	9 PHYSICAL HANDICAP CODE 00	
10 REGULARITY 1			11 DEPT 05-65	12 CIVIL SERVICE OR OTHER LEGAL AUTHORITY	
13 NATURE OF ACTION 317 RESIGNATION			14 EFFECTIVE DATE 03-17-73		
15 FROM POSITION TITLE AND NUMBER S-00000-00 REASSIGNMENT DE -			16 BASIS AND COLLATION CODE FR-97072		17 GRADE 03
					18 SALARY PA\$29,462.00
19 NAME AND LOCATION OF EMPLOYING OFFICE DEPARTMENT OF STATE, WASHINGTON, D. C. 20520					
20 MISCELLANEOUS ASSIGNMENTS					

21 TO POSITION TITLE AND NUMBER DE -	22 BASIS AND COLLATION CODE FR-97072	23 GRADE 03	24 SALARY PA\$29,462.00	25 WORK SCHEDULE
26 NAME AND LOCATION OF EMPLOYING OFFICE DEPARTMENT OF STATE, WASHINGTON, D. C. 20520				

27 IDENTIFICATION CODE WASHINGTON DC	28 LOCATION CODE 110010001																																																																						
29 IDENTIFICATION 0113.0-1097-298600-000	30 IDENTIFICATION 2	31 IDENTIFICATION 2	32 IDENTIFICATION 2	33 IDENTIFICATION 2	34 IDENTIFICATION 2	35 IDENTIFICATION 2	36 IDENTIFICATION 2	37 IDENTIFICATION 2	38 IDENTIFICATION 2	39 IDENTIFICATION 2	40 IDENTIFICATION 2	41 IDENTIFICATION 2	42 IDENTIFICATION 2	43 IDENTIFICATION 2	44 IDENTIFICATION 2	45 IDENTIFICATION 2	46 IDENTIFICATION 2	47 IDENTIFICATION 2	48 IDENTIFICATION 2	49 IDENTIFICATION 2	50 IDENTIFICATION 2	51 IDENTIFICATION 2	52 IDENTIFICATION 2	53 IDENTIFICATION 2	54 IDENTIFICATION 2	55 IDENTIFICATION 2	56 IDENTIFICATION 2	57 IDENTIFICATION 2	58 IDENTIFICATION 2	59 IDENTIFICATION 2	60 IDENTIFICATION 2	61 IDENTIFICATION 2	62 IDENTIFICATION 2	63 IDENTIFICATION 2	64 IDENTIFICATION 2	65 IDENTIFICATION 2	66 IDENTIFICATION 2	67 IDENTIFICATION 2	68 IDENTIFICATION 2	69 IDENTIFICATION 2	70 IDENTIFICATION 2	71 IDENTIFICATION 2	72 IDENTIFICATION 2	73 IDENTIFICATION 2	74 IDENTIFICATION 2	75 IDENTIFICATION 2	76 IDENTIFICATION 2	77 IDENTIFICATION 2	78 IDENTIFICATION 2	79 IDENTIFICATION 2	80 IDENTIFICATION 2	81 IDENTIFICATION 2	82 IDENTIFICATION 2	83 IDENTIFICATION 2	84 IDENTIFICATION 2	85 IDENTIFICATION 2	86 IDENTIFICATION 2	87 IDENTIFICATION 2	88 IDENTIFICATION 2	89 IDENTIFICATION 2	90 IDENTIFICATION 2	91 IDENTIFICATION 2	92 IDENTIFICATION 2	93 IDENTIFICATION 2	94 IDENTIFICATION 2	95 IDENTIFICATION 2	96 IDENTIFICATION 2	97 IDENTIFICATION 2	98 IDENTIFICATION 2	99 IDENTIFICATION 2	100 IDENTIFICATION 2

31 IDENTIFICATION 2	32 IDENTIFICATION 2	33 IDENTIFICATION 2	34 IDENTIFICATION 2	35 IDENTIFICATION 2	36 IDENTIFICATION 2	37 IDENTIFICATION 2	38 IDENTIFICATION 2	39 IDENTIFICATION 2	40 IDENTIFICATION 2	41 IDENTIFICATION 2	42 IDENTIFICATION 2	43 IDENTIFICATION 2	44 IDENTIFICATION 2	45 IDENTIFICATION 2	46 IDENTIFICATION 2	47 IDENTIFICATION 2	48 IDENTIFICATION 2	49 IDENTIFICATION 2	50 IDENTIFICATION 2	51 IDENTIFICATION 2	52 IDENTIFICATION 2	53 IDENTIFICATION 2	54 IDENTIFICATION 2	55 IDENTIFICATION 2	56 IDENTIFICATION 2	57 IDENTIFICATION 2	58 IDENTIFICATION 2	59 IDENTIFICATION 2	60 IDENTIFICATION 2	61 IDENTIFICATION 2	62 IDENTIFICATION 2	63 IDENTIFICATION 2	64 IDENTIFICATION 2	65 IDENTIFICATION 2	66 IDENTIFICATION 2	67 IDENTIFICATION 2	68 IDENTIFICATION 2	69 IDENTIFICATION 2	70 IDENTIFICATION 2	71 IDENTIFICATION 2	72 IDENTIFICATION 2	73 IDENTIFICATION 2	74 IDENTIFICATION 2	75 IDENTIFICATION 2	76 IDENTIFICATION 2	77 IDENTIFICATION 2	78 IDENTIFICATION 2	79 IDENTIFICATION 2	80 IDENTIFICATION 2	81 IDENTIFICATION 2	82 IDENTIFICATION 2	83 IDENTIFICATION 2	84 IDENTIFICATION 2	85 IDENTIFICATION 2	86 IDENTIFICATION 2	87 IDENTIFICATION 2	88 IDENTIFICATION 2	89 IDENTIFICATION 2	90 IDENTIFICATION 2	91 IDENTIFICATION 2	92 IDENTIFICATION 2	93 IDENTIFICATION 2	94 IDENTIFICATION 2	95 IDENTIFICATION 2	96 IDENTIFICATION 2	97 IDENTIFICATION 2	98 IDENTIFICATION 2	99 IDENTIFICATION 2	100 IDENTIFICATION 2
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REASON: PERSONAL - NO OTHER INFORMATION AVAILABLE

FINAL PAYMENT TO BE MADE BY THE DEPARTMENT

FGLI COVERAGE-REGULAR ONLY

MR. ROBERT T. SHAW
3715 ACOSTA ROAD
FAIRFAX, VIRGINIA 22030

31 DATE OF APPOINTMENT 03-21-73	32 OFFICE MAILING ADDRESS 3715 ACOSTA ROAD FAIRFAX, VIRGINIA 22030	33 CODE EMPLOYING DEPARTMENT XXXX DEPARTMENT OF STATE	34 DATE 03-21-73	35 SIGNATURE DIRECTOR GENERAL	36 SUBMITTING OFFICE NO 2951
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2 PERSONNEL FILES

Form 1001

13 September 1967
(M and B of 1 July 1967)

REQUEST FOR PERSONNEL ACTION

1105

PART I. REQUESTING OFFICE (to be completed by the requesting office)

A. DATE OF REQUEST 3/14/73		B. REQUEST NUMBER		C. REQUEST TYPE FS		D. REQUESTOR MGT/PS/TRANS	
E. NAME (Last, First, Middle) SHAW, ROBERT T. MR.		F. EMPLOYEE NO. 539700 M		G. BIRTH DATE 2/1/27		H. SOCIAL SECURITY NO. 268-28-0199	
I. ACTION REQUESTED (check one) 1. PERSONNEL				J. POSITION FOREIGN SERVICE RESERVE OFFICER		K. POSITION VACATED 1. Remove from duty 2. Retired 3. Absent	

L. VETERAN PREFERENCE 1. NO 2. 10 PT 3. 10 PT DYAB 4. 10 PT COMP 5. 10 PT OTHER		M. TENURE CODE		N. SERVICE COMP DATE		O. PHYSICAL HANDICAP CODE	
P. FEEL 1. COVERED 2. INELIGIBLE 3. WAIVED		Q. RETIREMENT 1. CS 2. PHS		R. PS 1. NONE 2. OTHER		S. NO & YR OF GRADE	
T. NATURE OF ACTION 317 RESIGNATION				U. EFFECTIVE DATE (M/D/Y) 03-17-73		V. CIVIL SERVICE OR OTHER LEGAL AUTHORITY	

W. FROM POS NO. S-00000-00		X. POSITION TITLE FOREIGN SERVICE RESERVE OFFICER		Y. PAY PLAN AND OCCUPATION CODE FR-7072		Z. GRADE OR LEVEL 03	
AA. ORGANIZATION DESIGNATION MISCELLANEOUS ASSIGNMENTS		AB. PAY PLAN AND OCCUPATION CODE		AC. GRADE OR LEVEL		AD. SALARY pa\$ 21 4/2	

AE. TO POS NO.		AF. POSITION TITLE		AG. PAY PLAN AND OCCUPATION CODE		AH. GRADE OR LEVEL	
AI. STEP		AJ. STEP		AK. STEP		AL. STEP	
AM. ORGANIZATION DESIGNATION							

AN. DUTY STATION (if any other)		AO. LOCATION CODE	
AP. WASHINGTON, D. C.			
AQ. APPROPRIATION CODE 0113.0-1097-298600-000		AR. POSITION OCCUPIED 1. COMPETITIVE SERVICE 2. EXCEPTED SERVICE	

1. REMARKS (if applicable, any other additional modified reasons for request)

REASON: PERSONAL - No additional information available.

ADDRESS: 3715 Acosta Road
Fairfax, Virginia 22030.

AS. REQUESTED BY SIGNATURE <i>Barbara B. Prather</i> TITLE CA/FS/EUR - Barbara B. Prather		AT. REQUEST APPROVED BY SIGNATURE <i>Charles R. Stout</i> TITLE CA/FS/EUR - Charles R. Stout, Chief	
PART II. TO BE COMPLETED BY PERSONNEL OFFICE (to be completed by the personnel office)			
AU. CLEARANCE		AV. INITIALS OR SIGNATURE	
AW. DATE		AX. DATE	
AY. (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18) (19) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (30) (31) (32) (33) (34) (35) (36) (37) (38) (39) (40) (41) (42) (43) (44) (45) (46) (47) (48) (49) (50) (51) (52) (53) (54) (55) (56) (57) (58) (59) (60) (61) (62) (63) (64) (65) (66) (67) (68) (69) (70) (71) (72) (73) (74) (75) (76) (77) (78) (79) (80) (81) (82) (83) (84) (85) (86) (87) (88) (89) (90) (91) (92) (93) (94) (95) (96) (97) (98) (99) (100)		AZ. (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18) (19) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (30) (31) (32) (33) (34) (35) (36) (37) (38) (39) (40) (41) (42) (43) (44) (45) (46) (47) (48) (49) (50) (51) (52) (53) (54) (55) (56) (57) (58) (59) (60) (61) (62) (63) (64) (65) (66) (67) (68) (69) (70) (71) (72) (73) (74) (75) (76) (77) (78) (79) (80) (81) (82) (83) (84) (85) (86) (87) (88) (89) (90) (91) (92) (93) (94) (95) (96) (97) (98) (99) (100)	

PART III. TO BE COMPLETED BY EMPLOYEE

RESIGNATION (EMPLOYEE) - TO BE COMPLETED BY EMPLOYEE. (See instructions for use of this form.) (Do not use for resignation of a person who is not an employee.)

I RESIGN FOR THE FOLLOWING REASONS:

RECEIVED

15 MAR 1973 PM 8.49

DEPARTMENT OF STATE

REASON FOR RESIGNATION: (See instructions for use of this form.)

REASON FOR RESIGNATION: (See instructions for use of this form.)

THE EFFECTIVE DATE OF MY RESIGNATION WILL BE:

15 MAR 1973

(Signature)

PART IV. SEPARATION DATA

FOR MAIL COMMUNICATIONS INCLUDING SALARY CHECKS AND BONDS TO THE FOLLOWING ADDRESS:

(Name)

(Address)

(City)

(State)

PART I. (Continued)

REASON FOR RESIGNATION: (See instructions for use of this form.)

3/19/73

REASON FOR RESIGNATION:

SHAW, ROBERT T

RESIGNATION COB 3/17/73; FINAL SALARY PAYMENT BY THE DEPARTMENT.

NOT ENROLLED IN HEALTH BENEFITS PLAN

ADDRESS:

3715 ACOSTA ROAD
FAIRFAX, VIRGINIA 22030

E. Kathryn Mallow
E. Kathryn Mallow
Chief, Retirement Branch
Personnel Services Division

MSA

15 MAR 1973



DEPARTMENT OF STATE

Washington, D.C. 20520

March 9, 1973

The Honorable William P. Rogers
The Secretary of State
Department of State
Washington, D.C. 20520

Dear Mr. Secretary:

It is with regret that I find it necessary to submit my resignation from the Foreign Service effective March 17, 1973.

I have enjoyed my years with the Foreign Service and hope that it will be possible for me to serve again in the future should circumstances permit.

Sincerely,

A handwritten signature in cursive script that reads "Robert T. Shaw".

Robert T. Shaw

**ELECTION, DECLINATION, OR WAIVER
OF LIFE INSURANCE COVERAGE**
FEDERAL EMPLOYEES GROUP LIFE INSURANCE PROGRAM

**IMPORTANT
AGENCY INSTRUCTIONS
ON BACK OF ORIGINAL**

TO COMPLETE THIS FORM—

1

FOLLOW THESE GENERAL INSTRUCTIONS:

- Read the back of the "Duplicate" carefully before you fill in the form.
- Fill in BOTH COPIES of the form. Type or use ink.
- Do not detach any part.

2

FILL IN THE IDENTIFYING INFORMATION BELOW (please print or type):

NAME (last)	(first)	(middle)	DATE OF BIRTH (month, day, year)	SOCIAL SECURITY NUMBER
SHAW	ROBERT	TYLER	JUNE 18, 25	268 28 0199
EMPLOYING DEPARTMENT OR AGENCY			LOCATION (City, State, ZIP Code)	
STATE - FOREIGN SERVICE			EMBASSY, MANAGUA	

3

MARK AN "X" IN ONE OF THE BOXES BELOW (do NOT mark more than one):

Mark here
if you
WANT BOTH
optional and
regular
insurance



ELECTION OF OPTIONAL (IN ADDITION TO REGULAR) INSURANCE

I elect the \$10,000 additional optional insurance and authorize the required deductions from my salary, compensation, or annuity to pay the full cost of the optional insurance. This optional insurance is in addition to my regular insurance.

Mark here
if you
DO NOT WANT
OPTIONAL but
do want
regular
insurance



DECLINATION OF OPTIONAL (BUT NOT REGULAR) INSURANCE

I decline the \$10,000 additional optional insurance. I understand that I cannot elect optional insurance until at least 1 year after the effective date of this declination and unless at the time I apply for it I am under age 50 and present satisfactory medical evidence of insurability. I understand also that my regular insurance is not affected by this declination of additional optional insurance.

Mark here
if you
WANT NEITHER
regular nor
optional
insurance



WAIVER OF LIFE INSURANCE COVERAGE

I desire not to be insured and I waive coverage under the Federal Employees Group Life Insurance Program. I understand that I cannot cancel this waiver and obtain regular insurance until at least 1 year after the effective date of this waiver and unless at the time I apply for insurance I am under age 50 and present satisfactory medical evidence of insurability. I understand also that I cannot now or later have the \$10,000 additional optional insurance unless I have the regular insurance.

4

**SIGN AND DATE. IF YOU MARKED BOX "A" OR "C",
COMPLETE THE "STATISTICAL STUB." THEN RETURN
THE ENTIRE FORM TO YOUR EMPLOYING OFFICE.**

SIGNATURE (do not print)

Robert Shaw

DATE

February 9, 1968

FOR EMPLOYING OFFICE USE ONLY

(official receiving date stamp)

February 9, 1968

James J. Young, Actg. Admin. Officer
American Embassy
Managua, Nicaragua

See Table of Effective Dates on back of Original

ORIGINAL COPY—Retain in Official Personnel Folder

STANDARD FORM NO. 170-1
REVISED 1965
GSA GEN. REG. NO. 27
(7-72-101)

HEALTH BENEFITS REGISTRATION FORM

U.S. FEDERAL EMPLOYEES HEALTH BENEFITS ACT OF 1959

6438716

Replaces Form No. 270
Effective 10/1/63
GSA GEN 5000

THIS FORM IS TO BE FILLED OUT BY THE EMPLOYEE OR HIS FAMILY MEMBER. IT IS TO BE USED TO REGISTER FOR OR TO CANCEL ENROLLMENT OR TO CHANGE OPTIONS OR TYPE OF COVERAGE IN THE SAME PLAN.

PART A ALL WHO REGISTER MUST FILL IN THIS PART.	1. NAME (LAST)	(FIRST)	(MIDDLE INITIAL)	2. DATE OF BIRTH (Month, Day, Year)	3. ARE YOU NOW MARRIED?
	SHAW	ROBERT	T.	6 18 25	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
	4. YOUR MAILING ADDRESS (STREET AND STREET ADDRESS)	CITY AND STATE AND ZIP CODE		STATE	5. SEX MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>

IMPORTANT
IT IS ESSENTIAL FOR AN EMPLOYEE OR A MEMBER OF HIS FAMILY TO BE COVERED UNDER ONLY ONE ENROLLMENT. IF YOU ARE ALREADY COVERED THROUGH THE ENROLLMENT OF ANOTHER FEDERAL OR NON-FEDERAL EMPLOYEE OR ANNUITY PAYEE, YOU MUST FIRST CANCEL YOUR ENROLLMENT OR THE OTHER ENROLLMENT MUST BE CANCELED. OTHERWISE, IF A FAMILY MEMBER LISTED BY YOU IN PART B IS COVERED THROUGH HIS (OR HER) OWN ENROLLMENT, YOU CANNOT LIST A FAMILY ENROLLMENT UNDER THE FAMILY MEMBER'S ENROLLMENT OR HIS (OR HER) OWN ENROLLMENT.

PART B FILL IN THIS PART IF YOU WISH TO ENROLL OR CHANGE YOUR ENROLLMENT IN A HEALTH BENEFITS PLAN.	1. I wish to enroll in a health benefits plan as shown below. I authorize the plan to obtain from my salary, compensation or annuity the amount of the plan premium.			
	NAME OF PLAN	OPTION (HIGH OR LOW)		
	2. To enroll below list all eligible family members without exception. You must list all dependent children under age 18 living with you, including adopted children, and dependent children who are over 18 but who are dependent on you for support. Include also all dependent children over 18 who become dependent before age 18 and who, because of the disability, is incapable of self support. (Attach a doctor's certificate for a disabled child age 18 or over, if one is not already on file.)			
	NAME OF FAMILY MEMBER	DATE OF BIRTH (Month, Day, Year)	NAME OF FAMILY MEMBER	DATE OF BIRTH (Month, Day, Year)
	Wife or Husband	1		6
		2		7
		3		8
		4		9
		5		10
	3. If you are a female employee or annuitant, check the female field above for each dependent who is incapable of self support by reason of physical or mental disability which can be expected to continue for more than 12 months after the date of onset of the disability. (Attach a doctor's certificate, if one is not already on file.)			

PART C FILL IN THIS PART IF YOU WISH NOT TO ENROLL OR IF YOU WISH TO CANCEL YOUR ENROLLMENT.	1. I wish to cancel my enrollment in a health benefits plan.	2. I wish to cancel my enrollment in a health benefits plan.
	NAME OF PLAN	NAME OF PLAN

PART D FILL IN THIS PART, AS WELL AS PART B, TO CHANGE YOUR ENROLLMENT.	1. I wish to change my enrollment in a health benefits plan.	2. I wish to change my enrollment in a health benefits plan.
	NAME OF PLAN	NAME OF PLAN

PART E ALL WHO REGISTER MUST FILL IN THIS PART.	1. SIGNATURE OF EMPLOYEE OR FAMILY MEMBER	2. DATE OF SIGNATURE
	Robert Shaw	Mar 27, 1963

PART F TO BE COMPLETED BY AGENCY.	1. NAME OF AGENCY	2. DATE OF RECEIPT
	Department of State Washington 25, D. C. Personnel Operations Division John Oakley	3/28/63

REMARKS	6438716-27-1-63 new enrollee Applying with...
---------	---

DESIGNATION OF BENEFICIARY
FEDERAL EMPLOYEES' GROUP LIFE
INSURANCE ACT OF 1954

IMPORTANT
Read instructions
on back of duplicate
before filling in this form

INFORMATION CONCERNING THE INSURED:

NAME (Last) (First) (Middle) DATE OF BIRTH (Month, day, year)
SHAW ROBERT TYLER JUNE 10, 1925

PLACE AN "X" IN THE APPROPRIATE BOX BELOW TO SHOW WHETHER YOU ARE:

☒ **AM EMPLOYEE** ☐ **RETIRED OR AN APPLICANT FOR RETIREMENT** ☐ **RECEIVING FEDERAL EMPLOYEES' COMPENSATION BENEFITS OR AN APPLICANT FOR SUCH BENEFITS**

IF YOU ARE RETIRED OR RECEIVING FEDERAL EMPLOYEES' COMPENSATION BENEFITS, GIVE YOUR "CSA," "CSL," OR "X" NUMBER

(CSA or CSL or X number)

DEPARTMENT OR AGENCY IN WHICH LAST EMPLOYED (If retired, former department or agency):

DEPT. OF STATE

ARA

WASH. 25, D. C.

(Department or agency)

(Bureau)

(Division)

(Location—City and State)

I, the individual identified above, canceling any and all previous Designations of Beneficiary under the Federal Employees' Group Life Insurance Act heretofore made by me, do now designate the beneficiary or beneficiaries named below to receive any amount of GROUP LIFE INSURANCE and GROUP ACCIDENTAL DEATH INSURANCE due and payable at my death. I understand that this Designation of Beneficiary will remain in full force and effect, with respect to any amount payable, unless or until canceled by me in writing, or until such time as it is automatically canceled (see regulation "f" on reverse side of duplicate copy).

INFORMATION CONCERNING THE BENEFICIARY OR BENEFICIARIES:

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
JANET LEE SHAW	909 N. CAMPBELL AVE. TUCSON, ARIZONA	WIFE	ALL

I hereby direct, unless otherwise indicated above, that, if more than one beneficiary is named, the share of any deceased beneficiary who may predecease me shall be distributed equally among the surviving beneficiaries, or entirely to the survivor. I understand that this Designation of Beneficiary shall be void if none of the designated beneficiaries is living at the time of my death.

I hereby specifically reserve the right to cancel or change any Designation of Beneficiary at any time without knowledge or consent of the beneficiary.

Mar 27, 1963

(Date of execution—month, day, year)

Robert T. Shaw

(Signature of insured)

WITNESSES TO SIGNATURE (A witness is ineligible to receive payment as a beneficiary):

[Signature] *[Signature]* *[Signature]*
(Signature of witness) (Number and street) (City, zone number, and State)
1114 Ellen Ave. Falls Church, Va.
2204 1st St. S.W. Wash. D.C. 20004

PRINT OR TYPE NAME AND ADDRESS OF INSURED

Robert T. Shaw
909 Campbell Ave.
Tucson, Ariz.

THIS SPACE RESERVED FOR RECEIVING AGENCY

PER/END

MAR 27 1963

(Indicate date and be above initials)

IMPORTANT.—The filing of this form will completely cancel any Designation of Beneficiary under the Federal Employees' Group Life Insurance Act you may have previously filed. Be sure to name in this form all persons you wish to designate as beneficiaries of any group life and accidental death insurance payable under that act at your death.

EXAMPLES OF DESIGNATIONS

How To Designate One Beneficiary

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
Mary E. Brown*	214 Central Avenue, Muncie, Ind.	Niece	All

How To Designate More Than One Beneficiary

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
Alice M. Long	509 Canal Street, Red Bank, N. J.	Aunt	One-fourth
Joseph P. Brady	360 Williams Street, Red Bank, N. J.	Nephew	One-fourth
Catherine L. Rowe	792 Broadway, Whiting, Ind.	Mother	One-half

How To Designate A Contingent Beneficiary

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
John M. Parrish, if living	810 West 180th Street, New York, N. Y.	Father	All
Otherwise to: Susan A. Parrish	810 West 180th Street, New York, N. Y.	Sister	All

How To Cancel A Designation Of Beneficiary So That Amount Due Will Be Payable As Provided In The Law

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
Cancel prior designations			

*The first name must be Mr. E. Brown or be Mrs. John M. Brown.
**The share that the share to be paid to the several beneficiaries add up to 100 percent.

10-7000-01

DESIGNATION OF BENEFICIARY

**UNPAID COMPENSATION OF
DECEASED CIVILIAN EMPLOYEE**

IMPORTANT

Read instructions
on back of duplicate
before filling in this form

INFORMATION CONCERNING THE EMPLOYEE:

NAME— (Last)	(First)	(Middle)	Date of Birth (Month, day, year)
SHAW	Robert	Tyler	6-18-25

DEPARTMENT OR AGENCY IN WHICH EMPLOYED

Department of State

Foreign Service

Mexico City

I, the employee identified above, canceling any and all previous Designations of Beneficiary heretofore made by me, do now designate the beneficiary or beneficiaries named below to receive any UNPAID COMPENSATION due and payable under existing law after my death. I understand that this Designation of Beneficiary relates solely to Unpaid Compensation as defined in section 2 of the act of August 8, 1950, Public Law 630, and in no wise will affect the disposition of any benefit which may become payable under the Retirement Act applicable to my Government service. I further understand that this Designation of Beneficiary will remain in full force and effect, unless or until canceled by me in writing, so long as I am continuously employed in the above department or agency.

INFORMATION CONCERNING THE BENEFICIARY OR BENEFICIARIES:

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
JANET LEE SHAW	909 N. CAMPBELL AVE. TUCSON, ARIZONA	WIFE	ALL

I hereby direct, unless otherwise indicated above, that, if more than one beneficiary is named, the share of any deceased beneficiary who may predecease me shall be distributed equally among the surviving beneficiaries, or entirely to the survivor. I understand that this Designation of Beneficiary shall be void if none of the designated beneficiaries is living at the time of my death.

I hereby specifically reserve the right to cancel or change any designation of beneficiary at any time in the manner and form prescribed by the Comptroller General of the United States, and without knowledge or consent of the beneficiary.

3-27-63

(Date of execution—month, day, year)

Robert T. Shaw

(Signature of employee)

WITNESSES TO SIGNATURE:

Maddie Little	1114 Ellen Ave.	Elks Church, Va
(Signature of witness)	(Number and street)	(City, town number, and State)
Ursula B. Shice	216 E. 5th NW	Wash D.C.
(Signature of witness)	(Number and street)	(City, town number, and State)

PRINT OR TYPE NAME AND ADDRESS OF EMPLOYEE

Robert T. Shaw
909 Campbell Ave
Tucson, Arizona

**THIS SPACE RESERVED FOR RECEIVING DATA
OF EMPLOYING AGENCY**

PER/EMO

MAR 27 1963

(Indicate date and by whom received)

DELIVER BOTH COPIES TO THE PROPER OFFICE OF YOUR AGENCY—ORIGINATOR WILL BE NOTED AND RETURNED

IMPORTANT—The filing of this form will completely cancel any designation you may have previously filed. Be sure to name in this form all persons you wish to designate as beneficiaries of any unpaid compensation payable at your death.

EXAMPLES OF DESIGNATIONS

How To Designate ONE BENEFICIARY

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
Catherine M. Jackson*	2808 Southern Avenue, Williams, Ind.	Sister	All

How To Designate MORE THAN ONE BENEFICIARY

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
Susan L. Brown**	110 Prince Street, Anniston, N. Y.	Aunt	One-fourth
Mary Joe Carson	230 Duke Street, Anniston, N. Y.	Niece	One-fourth
Elizabeth H. Howard	2301 State Street, Weaver, Ohio	Mother	One-half

How To Designate A CONTINGENT BENEFICIARY

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
William J. Johnson, if living	214 South Ann Street, Olney, Ga.	Father	All
Otherwise to: Sarah L. Johnson	214 South Ann Street, Olney, Ga.	Sister	All

How To Cancel A Designation OF BENEFICIARY SO THAT AMOUNT DUE WILL BE PAYABLE AS PROVIDED IN THE LAW

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
Cancel prior designations			

*Do not write name as "C. M. Jackson" or "Mrs. John H. Jackson"

**Do not list the share to be paid to the contingent beneficiary as 0.00 up to 100 percent.

Standard Form No. 2800 CHAPTER I-1-1 PM O-GAO 3045		HEALTH BENEFITS REGISTRATION FORM FEDERAL EMPLOYERS HEALTH BENEFITS ACT OF 1959 (Part I) Before use, read of last page. Use only hyphen or in				153281	
PART A ALL WHO REGISTER MUST FILL IN THIS PART.	1 NAME (Last)	SHAW ROBERT T.		2 DATE OF BIRTH (Month, Day, Year)	6	18	25
	3 YOUR MAILING ADDRESS (Number, Street, City and Zone Number, State)	BOX 1447, WILLIAMSBURG, VA.					
	4 Are you covered by, or is any family member listed below covered by or enrolling in, a plan under the Federal Employees Health Benefits Act of 1959 (through the enrollment of another United States or District of Columbia Government employee or annuitant)?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
	5 Place an "X" in proper box to show your annual basic salary range.	UNDER \$4,000 <input type="checkbox"/> \$4,000 TO \$5,999 <input type="checkbox"/> \$6,000 TO \$9,999 <input checked="" type="checkbox"/> \$10,000 OR OVER <input type="checkbox"/>					
PART B FILL IN THIS PART IF YOU WISH TO EN- ROLL IN A HEALTH BENEFITS PLAN.	1. I elect to enroll in a health benefits plan as shown below. I authorize deductions to be made from my salary, compensation, or annuity to cover my share of the cost of the enrollment. (Copy the information requested below from inside cover of the plan you select.)						
	NAME OF PLAN		OPTION (HIGH OR LOW)		ENROLLMENT YEAR (Month, Day, Year)		
	2. In space below list all eligible family members, without exception. List your wife or husband first, if you are unmarried, children under age 19, including legally adopted children, and stepchildren and illegitimate children who live with you in a regular parent-child relationship. Include children under age 19 who because of disability before age 19 and who, because of the disability, is incapable of self-support. (Attach a doctor's certificate for a disabled child age 19 or over.)						
If enrollment is for self only, answer item 1. If enrollment is for self and family, also answer item 2 and item 3 if it applies.	NAMES OF FAMILY MEMBERS		DATE OF BIRTH (Month, Day, Year)		NAMES OF FAMILY MEMBERS		
	Wife or Husband		[1]				
			[2]				
			[3]				
THIS PART MUST ALSO BE FILLED IN IF YOU CHANGE YOUR ENROLLMENT.	3. If you are a female (employee or annuitant), does the family listed above include a husband who is incapable of self-support by reason of disability or physical handicap which can be expected to continue for more than one year? (If answer is "Yes," attach a doctor's certificate.)		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
PART C FILL IN THIS PART IF YOU WISH NOT TO ENROLL OR IF YOU WISH TO CANCEL YOUR ENROLLMENT.	PLACE AN "X" IN ITEM 1 OR ITEM 2, AND ANSWER THE QUESTIONS AND ANSWER ITEM 3.						
	1. I elect not to enroll in any plan under the Health Benefits Act. <input checked="" type="checkbox"/>			2. The reason for my election is (Place an "X" in proper box):			
	2. I elect to cancel my present enrollment under the Health Benefits Act. <input type="checkbox"/>			(a) I am covered by a plan under the Health Benefits Act through the enrollment of my husband, wife, or parent. <input type="checkbox"/> (b) I am covered by a health insurance plan which is not under the Health Benefits Act. <input checked="" type="checkbox"/> (c) Any other reason:			
PART D FILL IN THIS PART IF YOU WISH TO CHANGE YOUR ENROLLMENT.	3. Date of event which is basis for change of enrollment (Month, Day, Year)						
PART E ALL WHO REGISTER MUST FILL IN THIS PART.	WARNING.—Any intentional false statement in this application or willful misrepresentation or omission is a violation of the law punishable by a fine of not more than \$10,000 or imprisonment of not more than 3 years or both. (18 U.S.C. 1001.)						
	Signature of Registrant: Robert T. Shaw June 20, 1960						
	1. NAME AND ADDRESS OF EMPLOYER'S OFFICE						
	2. DATE RECEIVED BY EMPLOYER'S OFFICE						
PART F TO BE COMPLETED BY AGENCY.	3. PAYROLL OFFICE NO.						
	4. EFFECTIVE DATE OF ELECTION						
	5. PHYSICAL ACTION (INITIALS AND DATE)						
REMARKS FOR USE ONLY BY AGENTS AND AGENT.							

Standard Form No. 2800 CHAPTER I-11 PM 6 GAO 1-10		HEALTH BENEFITS REGISTRATION FORM FEDERAL EMPLOYEES HEALTH BENEFITS ACT OF 1959 (Print) Actions on back of last page. Use only provisions of law.				CAUTION: FORM NO. 153281	
PART A ALL WHO REGISTER MUST FILL IN THIS PART.	1. NAME (LAST) (FIRST) (MIDDLE INITIAL)		2. DATE OF BIRTH (This includes)		3. Are you now married?		
	SHAW ROBERT T.		MONTH DAY YEAR 6 18 25		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
	4. YOUR MARITAL ADDRESS (NUMBER AND STREET) (CITY AND STATE AND ZIP NUMBER)		(STATE)		5. SEX		
BOX 11447, WILLIAMSBURG, VA.				MALE <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/>			
6. Are you covered by, or is any family member listed below covered by or enrolling in, a plan under the Federal Employees Health Benefits Act of 1959 (through the enrollment of another United States or District of Columbia Government employee or annuitant)?		7. Place an "X" in proper box to show your annual basic salary range.					
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		UNDER \$4,000 <input type="checkbox"/> \$4,000 TO \$9,999 <input checked="" type="checkbox"/> \$10,000 OR OVER <input type="checkbox"/>					
PART B FILL IN THIS PART IF YOU WISH TO EN- ROLL IN A HEALTH BENEFITS PLAN.	1. I elect to enroll in a health benefits plan as shown below. I authorize deductions to be made from my salary, compensation, or annuity to cover my share of the cost of the enrollment. (Copy the information requested below from inside cover of brochure of the plan you select.)						
	NAME OF PLAN		COST (HIGH OR LOW)		ESTIMATED COST PER MEMBER		
2. In space below list all eligible family members without exception. List your wife or husband first, then your unmarried children under age 19, including legally adopted children, and dependent children. Any child or child who is a dependent child of yours in a regular, permanent relationship. Include also any unmarried child over 19 who became disabled before age 19 and who, because of the disability, is incapable of self-support. (Attach a doctor's certificate for a disabled child age 19 or over.)							
NAMES OF FAMILY MEMBERS		DATE OF BIRTH (Month, Day, Year)		NAMES OF FAMILY MEMBERS		DATE OF BIRTH (Month, Day, Year)	
Wife or Husband		1				6	
		2				7	
		3				8	
		4				9	
		5				10	
3. If you are a female (employee or annuitant)—does the family listed above include a husband who is incapable of self-support by reason of mental or physical disability which can be expected to continue for more than one year? (If answer is "Yes," attach a doctor's certificate.)							
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
PART C FILL IN THIS PART IF YOU WISH NOT TO ENROLL OR IF YOU WISH TO CHANGE YOUR ENROLLMENT.	PLACE AN "X" IN ITEM 1 OR ITEM 2, WHICHEVER APPLIES AND ANSWER ITEM 3.						
	1. I elect not to enroll in any plan under the Health Benefits Act.		2. I elect to cancel my present enrollment under the Health Benefits Act.				
<input checked="" type="checkbox"/>		<input type="checkbox"/>				3. The reason for my election is (Place an "X" in proper box):	
						(a) I am covered by a plan under the Health Benefits Act through the enrollment of my husband, wife, or parent. <input type="checkbox"/>	
						(b) I am covered by a health insurance plan which is not under the Health Benefits Act. <input checked="" type="checkbox"/>	
						(c) Any other reason: <input type="checkbox"/>	
PART D FILL IN THIS PART IF YOU WISH TO CHANGE YOUR ENROLLMENT.	1. I want to change my enrollment as follows by the end of the month of _____, 19____.						
	1. Enrollment code number of previous plan.		2. Name of plan which annuitant desires.		3. Date of event which prompts change.		
				MONTH DAY YEAR			
PART E ALL WHO REGISTER MUST FILL IN THIS PART.	SIGNATURE OF ANNUITANT (Print name)						
	Robert L. Shaw June 20, 1960						
PART F TO BE COMPLETED BY AGENCY.	1. NAME AND ADDRESS OF EMPLOYER'S OFFICE		2. DATE RECEIVED BY EMPLOYER'S OFFICE		3. EFFECTIVE DATE OF ELECTION		
REMARKS FOR USE ONLY BY ANNUITANTS AND AGENCY.							

DESIGNATION OF BENEFICIARY
FEDERAL EMPLOYEES' GROUP LIFE
INSURANCE ACT OF 1954

IMPORTANT
Read instructions
on back of duplicate
before filling in this form

INFORMATION CONCERNING THE INSURED:

NAME (Last) (First) (Middle) DATE OF BIRTH (Month, day, year)
SHAW ROBERT TYLER JUNE 18, 1925

DEPARTMENT OR AGENCY IN WHICH EMPLOYED (If retired, so state and give "CSA" or "CSI" number):

Dept. of State FS PER/POD
(Department or agency) (Bureau) (Division)

I, the employee or annuitant identified above, canceling any and all previous Designations of Beneficiary under the Federal Employees' Group Life Insurance Act heretofore made by me, do now designate the beneficiary or beneficiaries named below to receive any amount of GROUP LIFE INSURANCE and GROUP ACCIDENTAL DEATH INSURANCE due and payable at my death. I understand that this Designation of Beneficiary will remain in full force and effect, with respect to any amount payable, unless or until canceled by me in writing, or until such time as I become insured in a department or agency other than the above, or until such time as I become insured as a retired employee, in which event this Designation of Beneficiary shall terminate.

INFORMATION CONCERNING THE BENEFICIARY OR BENEFICIARIES:

Name or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
JANET KEE RUGGLES SHAW	3000 N. OAKLAND, ARLINGTON, VA.	WIFE	100%

I hereby direct, unless otherwise indicated above, that, if more than one beneficiary is named, the share of any deceased beneficiary who may predecease me shall be distributed equally among the surviving beneficiaries, or entirely to the survivor. I understand that this Designation of Beneficiary shall be void if none of the designated beneficiaries is living at the time of my death.

I hereby specifically reserve the right to cancel or change any Designation of Beneficiary at any time without knowledge or consent of the beneficiary.

MAY 17, 1956
(Date of execution - Month, day, year)

Robert T. Shaw
(Signature of insured)

WITNESSES TO SIGNATURE (1 witness is sufficient to receive payment as a beneficiary):

James B. Shaw 823 22nd St. NW
(Signature of witness) (Number and street) (City, zone number, and State)

Michael A. Shaw 2150 Penn. Ave. NW B C 7
(Signature of witness) (Number and street) (City, zone number, and State)

PRINT OR TYPE NAME AND ADDRESS OF INSURED

ROBERT T. SHAW
3000 N. OAKLAND ST.
ARLINGTON 7, VA.

THIS SPACE RESERVED FOR RECEIVING AGENCY

5-17-56

PER/POD

(Indicate date and by whom received)

IMPORTANT—The filing of this form will completely cancel any Designation of Beneficiary under the Federal Employees' Group Life Insurance Act you may have previously filed. Be sure to name in this form all persons you wish to designate as beneficiaries of any group life and accidental death insurance payable under that act at your death.

EXAMPLES OF DESIGNATIONS

How To Designate One Beneficiary

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
Mary E. Brown*	214 Central Avenue, Muncie, Ind.	Niece	All

How To Designate More Than One Beneficiary

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
Alice M. Long	509 Canal Street, Red Bank, N. J.	Aunt	One-fourth
Joseph P. Brady	360 Williams Street, Red Bank, N. J.	Nephew	One-fourth
Catherine L. Rowe	792 Broadway, Whiting, Ind.	Mother	One-half

How To Designate A Contingent Beneficiary

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
John M. Parrish, if living	810 West 180th Street, New York, N. Y.	Father	All
Otherwise to: Susan A. Parrish	810 West 180th Street, New York, N. Y.	Sister	All

How To Cancel A Designation Of Beneficiary So That Amount Due Will Be Payable As Provided In The Law

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
Cancel prior designations			

*Do not write name as M. E. Brown or as Mrs. John H. Brown.

**Be sure that the shares to be paid to the several beneficiaries add up to 100 percent.

16-70410-1

~~PAGE 9618~~

FEDERAL PAY ADJ.Ex.ORDER 11691 DEC.15,1972 EFF. JAN.7,1973

PREPARED ON 01/17/73
DATA AS OF 01/07/73

NEW NAME	SOC SEC NUMBER	NEW ORG-CD	PP	GR	PAY STEP	OLD SALARY	NEW SALARY
SHAW ROBERT T	268280199	298600	FR	03	07	2802200	2946200

 <p align="center"> DEPARTMENT OF STATE PERSONNEL ACTION AND AUTHORIZATION OF OFFICIAL TR. Applicable Regulations: 6 FAM 100 & FAM 1510.4 </p>				
<p>You are hereby authorized to perform official travel at Government expense as indicated herein. Unless otherwise noted, all expenses and the maximum per diem under the regulations are authorized. Unless otherwise noted, shipment of effects is authorized from station of origin to place of destination if allowances are shown in item 15.</p>				
1. NAME, ADDRESS AND EMPLOYMENT TITLE		2. EMPLOYEE NUMBER	3. AUTHORIZATION NUMBER	
SHAW, ROBERT T AMERICAN EMBASSY TEGUCIGALPA, HONDURAS		537700	3-60799	
		4. SOCIAL SECURITY NUMBER		
		268-28-0193		
		5. CLASS	6. AUTHORIZATION DATE	
		R-03	JULY 18, 1972	
7. NEW POSITION TITLE, NUMBER AND OCCUPATION CODE		7072 ()	8. DO NOT START TRAVEL PRIOR TO	
FOREIGN SERVICE RESERVE OFFICER		S-00000-00(P)		
9. ACCOUNTING CLASSIFICATION: The coding A through E must be shown on all documents issued under this authority and must appear on all vouchers, invoices, etc.				
A. FUND	B. ALLOTMENT	C. OBLIGATION NUMBER	D. ORGANIZATION CODE	E. FUNCTION
1930113	2025	360799	298000	52-23
10A. STATION OF ORIGIN		10B. LOCATION CODE	11. COUNTRY	
TEGUCIGALPA, HONDURAS		0113.0-2081	2099	
12. STATION OF DESTINATION		13. AMOUNT		
WASHINGTON, D.C. (CA)				
14. QUARTERS AVAILABLE		15. ALLOWANCES FOR SHIPMENT AND STORAGE OF HOUSEHOLD EFFECTS, TOTAL WEIGHT		16. FOREIGN MOTOR VEHICLE
1. UNKNOWN 2. UNFURNISHED 3. FURNISHED		A. SHIPPED SHIPMENT		B. TOTAL ALLOWANCE
2		00000		13000
17. NUMBER OF DEPENDENTS		18. EXCESS BAGGAGE (For air travel)		19. TOTAL NUMBER OF TRAVEL DAYS AUTHORIZED BY THIS AUTHORIZATION INCLUDING THOSE WITHOUT PER DIEM UNDER THIS AUTHORIZATION AND AMENDMENTS
A. ADULTS B. CHILDREN C. UNDER 2		A. CONSULTATION (IN DAYS)		B. WAITING (CALENDAR DAYS)
4 0 0		000		00
<p align="center">THIS SECTION FOR PERSONNEL ACTION ONLY. When completed for permanent change of station, this document constitutes a valid personnel action for transfer between posts. DO NOT USE FOR R. T. HOME LEAVE OR FIELD AMENDMENTS.</p>				
20. SALARY	21. SALARY APPROPRIATION AND ALLOTMENT	22. DATE OF AUTHORIZATION	23. OP. CODE	
PA 3 28,022	0113.0027	728 10-15-72	DE	
24. REMARKS, SPECIAL INSTRUCTIONS, SPECIAL AUTHORIZATION, AND REMARKS				
<p> I HAVE 17 CONSECUTIVE YEARS AT TUCSON, ARIZONA AND TRANSFER. THE PERSONAL AND HOUSEHOLD EFFECTS OF THIS EMPLOYEE AND MEMBERS OF HIS FAMILY ARE ELIGIBLE FOR DUTY-FREE ENTRY UNDER ITEM 317.00 OF THE TARIFF SCHEDULE OF THE U. S. REMOVAL OF EFFECTS FROM STORAGE AT BALTIMORE, MARYLAND WHERE STORED UNDER T.A. 2-19303-2252 AND SHIPMENT TO WASHINGTON, D.C. AUTHORIZED. REMOVAL OF EFFECTS FROM STORAGE AT MEXICO CITY, MEXICO WHERE STORED UNDER T.A. 2-95952-0011 AND SHIPMENT TO WASHINGTON, D.C. AUTHORIZED. AUTHORITY FOR STORAGE OF EFFECTS AT GOVERNMENT EXPENSE ISSUED PRIOR TO THE DATE OF THIS AUTHORIZATION WILL TERMINATE THREE MONTHS AFTER YOUR ARRIVAL AT STATION OF DESTINATION. TOUR OF DUTY OF FOUR YEARS (SUBJECT TO THE NEEDS OF SERVICE). DEPENDENTS: W/JANET; D/BARBARA 7/27/52; S/RICHARD 9/10/55; S/THOMAS 9/10/55 </p>				
25. EFFECTIVE DATE	26. EXPIRATION DATE	27. AUTHORIZING OFFICER		
08/72	10/72			
28. AUTHORIZED PERSONNEL (SEE INSTRUCTIONS)				
TEGUCIGALPA/TUCSON, ARIZONA/ WASHINGTON, D.C.				
29. TRAVEL AND TRAVEL EXPENSE				
A. OFFICE				
B. TRAVEL				
C. MEALS				
D. LODGING				
E. OTHER				
CA/ES/EUR				
CRS/OUT/RE/REATHED				
07/17/72				
GCS				

PAGE 469

FED-EMP-ACT OF 1970, PL92-210, DEC. 22, 1971, EX. OR 11697 EFF 1-9-72

RECORDED ON 01/10/72
DATA AS OF 01/09/72

NEW NAME	SIC SEC NUMBER	N PP	N GR	PSI	CID SALARY	NEW SALARY
SHARPE THOMAS J	053376442	FS	07	162	1003300	1058300
SHAUGHNESSY THOMAS H	157032254	GS	11	124	1514100	1597300
SHAWER EILEEN G	437247849	GS	05	022	693920	711900
SHAW BASIL	087019063	GS	13	102	1835300	1934200
SHAW C GRANT	387246034	FR	02	002	3259300	3410700
SHAW CHARLES M	543146550	FS	05	042	1247200	1315900
SHAW RAYMOND G	115246671	FO	04	002	1776130	1873700
SHAW ELLEN J	362093790	GS	09	154	1291100	1362200
SHAW JIMM H	247469829	FS	05	042	1140400	1203100
SHAW OLIVER C	487144879	FS	06	162	1086700	1146400
SHAW ROBERT T	249280199	FR	03	002	2656300	2802200
SHAW SUSAN REIM	476600437	GS	06	162	772700	815300
SHAY GERTHIDE E	317348828	FS	05	153	1287400	1353500
SHAY SHARON K	166365892	FS	08	262	874000	922100
SHEA DIANNE E	214505259	FS	08	702	822600	867900
SHEA JAMES F	045141065	FO	04	CCC	2131100	2248700
SHEA JAMES R	123267050	ST	00	CCC	2817900	2967800
SHEA JOHN J	126164630	FR	03	002	2434900	2568800
SHEA LAURIE M	021366236	GG	09	152	1081900	1141400
SHEA MARIE T	578762530	GS	03	132	552400	582800
SHEA TERENCE J	037180477	RU	03	002	2587500	2724400

FD-707 (9-10-68)
5500

DEPARTMENT OF STATE
PAY ROLL CHANGE SLIP

EMPLOYEE'S NAME SHAW ROBERT T		ORIG. CODE 3126	POSITION NO. 229700	ACTIVITY & PURPOSE FSH 03	EFFECTIVE DATE 07-01-71	DATE OF LAST EQUIV. INCREASE 02-01-69
EMPLOYEE NO. 539700		PAY PLAN FR	GRADE 03	OLD SALARY RATE 24368	NEW SALARY RATE 25825	REASON FOR INCREASE <input checked="" type="checkbox"/> Step Increase

LWOP DATA in appropriate spaces covering LWOP during following periods:
Periods:
☐ No excess LWOP. TOTAL EXCESS LWOP _____
(Check applicable box in case of excess LWOP)
☐ IN PAY STATUS AT END OF WAITING PERIOD.
☐ IN LWOP STATUS AT END OF WAITING PERIOD.

REMARKS: _____
Performance rating is satisfactory or better.
JOHN H BURNS
(Signature or other authentication)
PERSONNEL COPY

PAGE 8894

FEDERAL PAY COMPATABILITY ACT OF 1970, PL 91-656

PREPARED BY 02/05/71
DATE AS OF 01/31/71

NAME	EMPLOYEE NUMBER	SEC NUMBER	PAY PLAN	GRADE	NEXT PSI	OLD SALARY	NEW SALARY
SHAW ROBERT T	539700	268280199	FR	03	001	24368	25825
						24368	25825

RECORD COUNT = 1

APPOINTMENT AFFIDAVITS

IMPORTANT.—Before swearing or affirming to these appointment affidavits, you should read and understand the attached information for appointee

First Secretary and Consul November 20, 1970
(Position to which appointed) (Date of appointment)
Department of State Foreign Service of the U. S. Tegucigalpa, Honduras
(Department or agency) (Bureau or Division) (Place of employment)

I, Robert T. Shaw, do solemnly swear (or affirm) that—

A. OATH OF OFFICE

I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties of the office on which I am about to enter. SO HELP ME GOD.

B. AFFIDAVIT AS TO SUBVERSIVE ACTIVITY AND AFFILIATION

I am not a Communist or Fascist. I do not advocate nor am I knowingly a member of any organization that advocates the overthrow of the constitutional form of the Government of the United States, or which seeks by force or violence to deny other persons their rights under the Constitution of the United States. I do further swear (or affirm) that I will not so advocate, nor will I knowingly become a member of such organization during the period that I am an employee of the Federal Government or any agency thereof.

C. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

I am not participating in any strike against the Government of the United States or any agency thereof, and I will not so participate while an employee of the Government of the United States or any agency thereof. I do not and will not assert the right to strike against the Government of the United States or any agency thereof while an employee of the Government of the United States or any agency thereof. I do further swear (or affirm) that I am not knowingly a member of an organization of Government employees that asserts the right to strike against the Government of the United States or any agency thereof and I will not, while an employee of the Government of the United States or any agency thereof, knowingly become a member of such an organization.

D. AFFIDAVIT AS TO PURCHASE AND SALE OF OFFICE

I have not, nor has anyone acting in my behalf, given, transferred, promised or paid any consideration for or in expectation or hope of receiving assistance in securing this appointment.

Robert T. Shaw
(Signature of appointee)

Subscribed and sworn (or affirmed) before me this 12th day of May A.D. 1971.,

at Tegucigalpa
(City)

[SEAL]

Honduras
Allan F. McLean, Jr.
(Signature of officer)

Consul of the United States of America
(Title)

Commission expires
(If by a Notary Public, the date of expiration of the Commission should be shown)

NOTE.—The oath of office must be administered by a person specified in 5 U.S.C. 2903. The words "SO HELP ME GOD" in the oath and the word "swear" wherever it appears above should be stricken out when the appointee elects to affirm rather than swear to the affidavits; only these words may be stricken and only when the appointee elects to affirm the affidavits.

FORM 11-63 DS 1632

JOURNAL NUMBER

NOTIFICATION OF PERSONNEL ACTION

SERVICE

FB

1 NAME (LAST, FIRST, MIDDLE) SHAW, ROBERT T. MR.		2 EMPLOYEE NO. (SEE 11-63 DS 1632) 539700M	3 BIRTH DATE (MM-DD-YY) 06-18-25	4 SERIAL SECURITY NO. 268-28-0199
5 GRADE 2	6 PAY PLAN (3)	7 PAY RATE 06	8 EMPLOYMENT DATE 08-28-48	9 PHYSICAL MATRICATION 0
10 AGENCY A	11 EMPLOYMENT DATE 11-20-70	12 EMPLOYMENT DATE 05-65	13 EMPLOYMENT FOR OTHER LEGAL AUTHORITY SEC. 524 OF THE P.S. ACT	
14 APPOINTMENT AS SECRETARY IN THE DIPLOMATIC SERVICE OF THE USA 980				
15 FROM POSTAL CODE 2 AND NUMBER INTERNATIONAL RELATIONS OFFICER GENERAL - CONSUL		16 PAY PLAN AND GRADE (PR-5510)	17 GRADE 03	18 SALARY (pa\$24,368) F
19 NAME AND LOCATION OF EMPLOYING OFFICE DEPARTMENT OF STATE, WASHINGTON, D. C. 20520				

20 TO 00-068 INTERNATIONAL RELATIONS OFFICER GENERAL	21 PAY PLAN AND GRADE (PR-5510)	22 GRADE 03	23 SALARY (pa\$24,368) F
24 NAME AND LOCATION OF EMPLOYING OFFICE DEPARTMENT OF STATE, WASHINGTON, D. C. 20520			

25 LOCATION TEGUCIGALPA, HONDURAS	26 LOCATION CODE 918000430
27 EMPLOYMENT DATE 0113.0-2081-312601-000 09720972	28 EMPLOYMENT DATE 2

29 REMARKS 1. SUBJECT EMPLOYED IN G-1	30 EMPLOYMENT DATE 11-20-70
---	---------------------------------------

This notification is subject to applicable laws, rules, and regulations of the United States Civil Service Commission and the Department of State. It is subject to the review and approval of the Department of State and the Civil Service Commission.

NOMINATED: 09-28-70. CONFIRMED: 11-20-70. ATTESTED: 11-20-70.

APPOINTMENT BY THE PRESIDENT AS SECRETARY IN THE DIPLOMATIC SERVICE OF THE U.S.A., 11-20-70.

FEGLI COVERAGE REGULAR AND OPTIONAL.

EXECUTE BY 61.

31 DATE OF APPOINTMENT 11-20-70	32 SIGNATURE 11-20-70
33 SIGNATURE 11-20-70	34 SIGNATURE 11-20-70
35 SIGNATURE 11-20-70	36 SIGNATURE 11-20-70
37 SIGNATURE 11-20-70	38 SIGNATURE 11-20-70
39 SIGNATURE 11-20-70	40 SIGNATURE 11-20-70

SI 01 DEPARTMENT OF STATE

SUBMITTING OFFICE NO 2951

2 PERSONNEL FOLDER

Form 100-100

(Exception to 47 CFR approved by
CIV and R of 10 July 1967)

REQUEST FOR PERSONNEL ACTION

PART I. REQUESTING OFFICE (Fill in items except those on heavy lines)

1. DATE OF REQUEST 6/22/70	2. EMPLOYEE EFFECTIVE DATE	3. REQUEST NUMBER	4. SERVICE (1-3 or 4-5) FS	5. POSITION ADA	6. TRANS T & RL/33/10
7. NAME (Last, First, Middle) SHAW, ROBERT T.		8. EMPLOYEE NO. & GRADE MR. 539700 M	9. BIRTH DATE (Mo Day Yr) 06/18/25	10. SOCIAL SECURITY NO.	
11. KIND OF ACTION REQUESTED IN PERSONNEL (Specify appointment, reassignment, reclassification etc)			12. POSITION (Specify establish, reclass, abolish etc)		

13. VETERAN PRECEDENCE 1-NO 2-PT 3-PT 4-PT 5-PT 6-PT 7-PT 8-PT 9-PT 10-PT 11-PT 12-PT 13-PT 14-PT 15-PT 16-PT 17-PT 18-PT 19-PT 20-PT 21-PT 22-PT 23-PT 24-PT 25-PT 26-PT 27-PT 28-PT 29-PT 30-PT 31-PT 32-PT 33-PT 34-PT 35-PT 36-PT 37-PT 38-PT 39-PT 40-PT 41-PT 42-PT 43-PT 44-PT 45-PT 46-PT 47-PT 48-PT 49-PT 50-PT 51-PT 52-PT 53-PT 54-PT 55-PT 56-PT 57-PT 58-PT 59-PT 60-PT 61-PT 62-PT 63-PT 64-PT 65-PT 66-PT 67-PT 68-PT 69-PT 70-PT 71-PT 72-PT 73-PT 74-PT 75-PT 76-PT 77-PT 78-PT 79-PT 80-PT 81-PT 82-PT 83-PT 84-PT 85-PT 86-PT 87-PT 88-PT 89-PT 90-PT 91-PT 92-PT 93-PT 94-PT 95-PT 96-PT 97-PT 98-PT 99-PT 100-PT	14. SERVICE CAMP DATE	15. PHYSICAL HANDICAP CODE	
16. EFFECTIVE DATE (Mo-Day-Yr) 11-20-70		17. SERVICE ON OTHER LEGAL AUTHORITY Sec. 524 of the U.S. Act	

18. FROM POS NO 3-036	19. FROM TITLE International Relations Officer General	20. TO POS NO FR-5550	21. TO TITLE CONSUL	22. GRADE OR LEVEL 05	23. SALARY \$22,352
24. ORGANIZATION DESIGNATION CINT					

25. FROM POS NO 100-068	26. FROM TITLE International Relations Officer General	27. TO POS NO FR-5550	28. TO TITLE 1ST SECRETARY - CONSUL	29. GRADE OR LEVEL 03	30. SALARY \$24,368
31. ORGANIZATION DESIGNATION TEGUCIGALPA					

32. DUTY STATION (City & State) TEGUCIGALPA, HONDURAS	33. LOCATION CODE 918000430
34. AUTHORIZATION CODE 0113.0 - 2081 - 312601-CC	35. STATE

REMARKS (Show if applicable, any known additional modified reasons for request)
04/20/72

EFFECTIVE DATE OF TRANSFER: **9/6/70**

36. REQUESTED BY MEASHE, ARA:LA:POD	37. REQUEST APPROVED BY JCLARK
---	--

PART II. TO BE COMPLETED BY PERSONNEL OFFICE (Use to include heavy lines in PART I above also to be completed)	
38. CLEARANCES	39. EMPLOYMENT HISTORY
40. CREDIT OR POS. CONTROL	41. EMPLOYMENT HISTORY
42. CLASSIFICATION	43. EMPLOYMENT HISTORY
44. EMPLOYMENT	45. EMPLOYMENT HISTORY
46. APPROVED BY	47. EMPLOYMENT HISTORY
TITLE & RANK - BLGROVES 6/22/70	
ARA:LA:POD:MEASHE 6/22/70	

Rec'd FSC
6-23-70

PART III. TO BE COMPLETED BY EMPLOYEE

WROTHEN SOCIETY: THE NEW MEXICO

അനുബന്ധം 2: കോഴിയിലെ അംഗങ്ങൾ

RECEIVED: 1964

THE MONASTERY IN 19100 INITIAL 24

PART IV. SEPARATION DATA

FORWARD COMMUNICATIONS, INCLUDING SLIP ORDERS AND BONDS, TO THE FOLLOWING ADDRESS:

024500Z

(continued)

REMARKS BY REQUESTING OFFICER:

0152

43431

100

China with capital investment 813-000

321

④



DEPARTMENT OF STATE
PERSONNEL ACTION
AND
AUTHORIZATION OF OFFICIAL TRAVEL
Applicable Regulations: 6 FAM 100 & FM-1 510.4

You are hereby authorized to perform official travel of Government expense as indicated herein. Unless otherwise noted, all expenses and the maximum per diem under the regulations are authorized. Unless otherwise noted, shipment of effects is authorized from station of origin to station of destination if allowances are shown in item 15.

1. NAME, ADDRESS AND DIPLOMATIC TITLE SHAW, ROBERT T. AMERICAN EMBASSY MANAGUA, NICARAGUA		2. EMPLOYEE NUMBER 539700	3. AUTHORIZATION NUMBER 0-64968
4. SOCIAL SECURITY NUMBER 268-28-0199		5. AUTHORIZATION DATE JUN. 24, 1970	
6. CLASS R-03		7. DO NOT START TRAVEL PRIOR TO: JUL. 9, 1970	
7. NEW POSITION TITLE, NUMBER AND OCCUPATION CODE POLITICAL OFFICER		8. CLASS 10-025 (P)	
9. ACCOUNTING CLASSIFICATION: The coding (A through E) must be shown on all documents issued under this authority and must appear on all vouchers, receipts, etc. GSA's, etc.			
A. FUND 1900113	B. ALLOTMENT 2025	C. OBLIGATION NUMBER 064968	D. ORGANIZATION CODE 312601
E. FUNCTION 51-24		10. STATION OF ORIGIN MANAGUA, NICARAGUA	
11. STATION OF DESTINATION TEGUCIGALPA, HONDURAS		12. LOCATION CODE 313001	
13. OBJECT 2099		14. AMOUNT	
15. QUARTERS AVAILABILITY 1. UNKNOWN 2. UNFURNISHED 3. FURNISHED 1		16. ALLOWANCES FOR SHIPMENT AND/OR STORAGE OF HOUSEHOLD EFFECTS - NET WEIGHT A. LIMITED SHIPMENT 04500 B. TOTAL ALLOWANCE 13000	
17. FOREIGN MOTOR VEHICLE A. SHIPMENT AUTHORIZED 2 B. MEETS CRITERIA OF 6 FAM 165A, SUBSECTION 1. YES 2. NO		18. EXCESS BAGGAGE (for air travel) 000	
19. TOTAL NUMBER OF NON TRAVEL DAYS AUTHORIZED BELOW, INCLUDING THOSE WITHOUT PER DIEM UNDER THIS AUTHORIZATION (AND AMENDMENTS) A. CONSULTATION (WORKDAYS) 05 B. TRAINING (CALENDAR DAYS) 000 C. TDY (CALENDAR DAYS) 000		20. NUMBER OF DEPENDENTS A. ADULTS 4 B. CHILDREN 0 C. UNDER 2 0	
THIS SECTION FOR PERSONNEL ACTION ONLY. When completed for permanent change of station, this document constitutes a valid personnel action for transfer between posts. DO NOT USE FOR R. T. HOME LEAVE OR FIELD AMENDMENTS.			
21. SALARY pa \$ 24,368		22. SALARY APPROPRIATION AND ALLOTMENT 0113.0-2081	
23. NATURE OF ACTION AND EFFECTIVE DATE 727 09/06/70		24. DPL CODE DA	
25. ITINERARY, SPECIAL INSTRUCTIONS, SPECIAL AUTHORIZATION AND REMARKS 09/20972 06250 Leave at Government expense at Tucson, Arizona and transfer. Approximately five (05) workdays consultation authorized in the Department after home leave. Tour of duty of two years followed by home leave and transfer (subject to needs of the service). "ONLY AFTER OFFICIAL NOTIFICATION FROM THE DEPARTMENT THAT OFFICER HAS BEEN COMMISSIONED AS A SECRETARY IN THE DIPLOMATIC SERVICE (3 FAM 015.3)" DEPENDENTS: WIFE-JANET DAU -BARBARA LEE SON -RICHARD W. SON -THOMAS R. 07/27/52 09/10/55 09/10/55			
26. ITD (Old post) 09/70		27. AUTHORIZING OFFICER MANAGUA/TUCSON/TEGUCIGALPA	
28. AUTHORIZED ITINERARY FOR DEPENDENTS MANAGUA/TUCSON/TEGUCIGALPA		29. TRAVEL REQUESTED BY ARA/LA/PCD	
30. OFFICE NEASHE		31. OFFICE CAV/32	

FORM DS-1042
3-3-69

DEPARTMENT OF STATE
PAY ROLL CHANGE SLIP

5868200159

POST	ORG CODE	POSITION ID.	ALLOT. & ACTIVITY & PURPOSE	EFFECTIVE DATE	UNIT OF LAST EQUIV. INCREASE
MANAGUA	3330		01135 3-81	07-01-70	
EMPLOYEE'S NAME	EMPLOYEE NO.	CATG. & CLASS SERV. & GRADE	NEW SALARY RATE	OLD SALARY RATE	
SHAW ROBERT T	939700	FSH 03	\$24,368	\$23,072	<input checked="" type="checkbox"/> Periodic Step-Increase

LWOP DATA (Use in appropriate spaces covering LWOP during following period(s))

☐ NO EXCESS LWOP. TOTAL EXCESS LWOP _____

☐ IN PAY STATUS AT END OF WAITING PERIOD.

☐ IN LWOP STATUS AT END OF WAITING PERIOD.

☐ Other Step-Increase _____

☐ Pay Adjustment _____

Initials of Clerk _____

REMARKS

Performance rating is satisfactory or better.

JOHN M BURNS

(Signature or other authentication)

PERSONNEL COPY

PAGE 374

FEDERAL SALARY LIST-1970, PL 30-237, 755 37,1343

PREPARED BY 05/01/70
DATA AS OF 04/25/70

NAME	EMPLOYEE NUMBER	SSN NUMBER	PAY PLAN	GRADE	NEXT PSI	OLD SALARY	NEW SALARY
SHARP MAY P	539037	327125192	GS	11	052	13103	13840
SHARP RONALD RAY	539049	479507701	FS	09	190	7094	7519
SHARPE THOMAS G	539125	185242276	FS	05	051	10744	11432
SHARPE THOMAS J	539132	053126442	FS	08	252	8739	8734
SHAUGHNESSY THOMAS H	539200	157032254	GS	11	131	13103	13890
SHAW CHARLES W	539300	543345540	FS	05	051	10785	11432
SHAW C GRANT	539319	387246074	FR	02	000	27354	28995
SHAW DAVID G	539325	115246771	FO	05	000	14132	14980
SHAW ELLEN J	539400	362093700	GS	09	161	11186	11955
SHAW JEAN ANN	539438	045404155	FS	09	120	6568	6961
SHAW JOHN R	539445	247467323	FS	06	170	9388	9951
SHAW JOHN E	539500	577165944	FO	02	CCC	29841	31632
SHAW JOHN P	539525	579207044	FO	01	001	31705	33609
SHAW LAURENCE ANN	539535	577307868	GS	04	CCC	5522	5853
SHAW OLIVER E	539615	489349179	FS	06	170	9104	9649
SHAW ROBERT T	539700	258280157	FR	03	000	22332	23672
SHAW GERTRUDE E	539800	313349828	FS	05	163	11419	12104
SHAW SHARON K	539806	146365292	FS	09	029	6865	7276
SHEA DIANNE E	539848	218505250	FS	08	210	6865	7276
SHEA JAMES F	540000	054141035	FO	04	000	18447	19555
SHEA JOHN J	540100	126164639	FR	03	000	20361	21584
SHEA LAUREL M	540103	021366275	GS	07	160	7894	8368
SHEA TIMOTHY F	540106	022205456	FS	08	110	7552	8005
SHEA THOMAS J	540107	017133157	GS	14	071	20385	21608
SHEAFFER MELVIN H	540109	204305089	FS	05	041	10469	11096
SHEAGREN BARBARA J	540109	388284172	FS	04	041	11316	11995

EMPLOYEE

PERSONNEL TRANSACTION REGISTER

SHAW ROBERT T

S 268-28-C199

PREPARED ON 07/23/69

PERIOD ENDING 07/18/69

ACTION

DATA NAME

DATA ELEMENTS

SECTION 01

EMPLOYEE NUMBER

939700

SSN IC CODE

SS

SCC SEC NUMBER

268-28-C199

NEW PAY PLAN

FR

NEW GRACE

C3

NEW SALARY

22332

PSI PAY PERIOD

COC

• ERROR

FORM CTL CODE

902

NAT ACTION CODE

902

PUBLIC LAW PAY INCREASE

EFFECTIVE DATE

07/13/69

FORM DS-1042
2-64

DEPARTMENT OF STATE
PAY ROLL CHANGE SLIP

POST MANAGUA	ORG CODE 3130	POSITION NO.	ALLOT & ACTIVITY & PURPOSE 31130 2-81	EFFECTIVE DATE 4-1-69	DATE OF LAST EQUIV. INCREASE
EMPLOYEE'S NAME SPAN AUGERT, T	EMPLOYEE NO. 339700	CATS & CLASS SERV. & GRADE FSM-3	NEW SALARY RATE \$18,333	OLD SALARY RATE \$19,737	

LWOP DATA (fill in appropriate spaces covering LWOP during following periods):

Period(s)

- ☐ NO EXCESS LWOP. TOTAL EXCESS LWOP _____
(Check applicable box in case of excess LWOP)
☐ IN PAY STATUS AT END OF WAITING PERIOD.
☐ IN LWOP STATUS AT END OF WAITING PERIOD.

Initials of Clerk

- ☐ Other Step-Increase _____
☐ Pay Adjustment _____

Periodic
Step Increase

REMARKS

Performance rating is satisfactory or better.

JOHN M. STEEVES

(Signature of other authorization)

PERSONNEL COPY

FORM DS-1042
2-15-60

DEPARTMENT OF STATE
PAY ROLL CHANGE SLIP

POST MANAGUA	ORG CODE 3130	POSITION NO.	ALLOT & ACTIVITY & PURPOSE 31130 2-81	EFFECTIVE DATE 7-01-68	DATE OF LAST EQUIV. INCREASE
EMPLOYEE'S NAME SPAN AUGERT, T	EMPLOYEE NO. 339700	CATS & CLASS SERV. & GRADE FSM-3	NEW SALARY RATE \$18,278	OLD SALARY RATE \$17,724	

LWOP DATA (fill in appropriate spaces covering LWOP during following periods):

Period(s)

- ☐ NO EXCESS LWOP. TOTAL EXCESS LWOP _____
(Check applicable box in case of excess LWOP)
☐ IN PAY STATUS AT END OF WAITING PERIOD.
☐ IN LWOP STATUS AT END OF WAITING PERIOD.

Initials of Clerk

- ☐ Other Step Increase _____
☐ Pay Adjustment _____

Periodic
Step Increase

REMARKS

Performance rating is satisfactory or better.

JOHN M. STEEVES

(Signature of other authorization)

PERSONNEL COPY

FEDERAL EMPLOYEES SALARY ACT OF 1967

PUB. LAW 90-206

JULY 14 1968

5397C0 SHAW ROBERT T

FR 03-04 \$18,278 \$19,737 313001

FORM 11-62 05-1962

Replaces Form 11-62 approved by
GSA on 5-10-62 (44-1000)

NOTIFICATION OF PERSONNEL ACTION

JOURNAL NUMBER

OFFICE

78

1 NAME (LAST, FIRST, MIDDLE) SHAW, ROBERT T. MR.		2 EMPLOYEE NO. & SER. 539700M	3 BIRTH DATE - MM-DD-YY 06-18-25	4 SOCIAL SECURITY NO. 268-28-0199
5 VETERAN PREVIOUSLY 1 NO 2 YES	6 PAY PLAN AND OCCUPATION CODE (3) 06	7 DEMAND COMP. DATE 08-28-48	8 PHYSICAL HANDICAP 0	
9 REASON 1 CONTINUED 2 INELIGIBLE 3 DENIED	10 EFFECTIVE DATE 03-27-68	11 PAY PLAN AND GRADE 05-65	12 ACTION 760 EXTENSION OF LIMITED APPOINTMENT	
13 FROM POSITION TITLE AND NUMBER		14 PAY PLAN AND OCCUPATION CODE	15 GRADE	16 SALARY
17 NAME AND LOCATION OF EMPLOYING OFFICE DEPARTMENT OF STATE, WASHINGTON, D. C. 20520				

18 TO POSITION TITLE AND NUMBER 1-067 POLITICAL OFFICER	19 PAY PLAN AND OCCUPATION CODE (PR-5550)	20 GRADE 03	21 SALARY (pa\$17,724) 1
22 NAME AND LOCATION OF EMPLOYING OFFICE DEPARTMENT OF STATE, WASHINGTON, D. C. 20520			

23 DATE OF ACTION MANAGUA, NICARAGUA	24 LOCATION CODE 917000665
25 APPOINTMENT 0113.0-2081-313001-000.10700768	26 POSITION OCCUPIED 1. CLASS TITLE 2
27 APPOINTMENT POSITION 1. FROM 2. TO 3. STATE	

28 PERMANENT <input type="checkbox"/>	29 SUBJECT TO COMPLETION OF <input type="checkbox"/>	30 SERVICE COUNCIL MEMBER CARRIES FOR PERMANENT SERVICE FROM <input type="checkbox"/>
--	---	--

SEPARATION FROM SERVICE BELOW, AS REQUIRED. CHECK IF APPLICABLE. ☐ C. DURING PROBATION ☐ D. FROM APPOINTMENT IN 6 MONTHS OR LESS

This action is subject to the provisions of the United States Civil Service Commission of the Federal Government. It may be subject to the provisions of the United States Civil Service Commission of the Federal Government. It may be subject to the provisions of the United States Civil Service Commission of the Federal Government.

LIMITED APPOINTMENT EFFECTIVE 3-27-63 IS HEREBY EXTENDED FOR A PERIOD NOT TO EXCEED FIVE YEARS OR NEEDS OF EMPLOYER, SERVICE, WHICHEVER IS LESS. WEE 3-26-73.

31 DATE OF APPOINTMENT OFF DATE	32 SIGNATURE (PRINT NAME AND TITLE)
33 OFFICE EMPLOYING PERSONNEL OFFICE	34 DATE
35 OFFICE EMPLOYING DEPARTMENT OFFICE	36 DATE

MI 3-5
P

2 PERSONNEL FOLDER

SUBMITTING OFFICE NO 2051

Form 1091

REQUEST FOR PERSONNEL ACTION

PART I. REQUESTING OFFICE (Fill in items except those in heavy lines)

A. DATE OF REQUEST 2/23/68	B. PROPOSED EFFECTIVE DATE	C. REQUEST NUMBER	D. SERVICE PS	E. DRAFTING ARA PM/PC 2/26	F. TRANS LEAVE & RET 3/27	G. APPROVED 6/1/68
1. NAME (CAPS) Last First Middle SHAW, ROBERT T. MR.			2. EMPLOYEE NO. & SEA 539700 M	3. BIRTH DATE (MM/DD/YY) 6/18/25	4. SOCIAL SECURITY NO.	
F. KIND OF ACTION REQUESTED (1) PERSONNEL (Specify department, position, and grade)						

12. POSITION (Specify position, title, grade, etc.)		H. POSITION VACATED 1. Removal 2. Death 3. Other	
5. VETERAN PREFERENCE 1. NO 2. 5 PT 3. 10 PT 4. 15 PT		6. TENURE 1. PS 2. CS 3. OTHER	
9. FEEL 1. COVERED 2. RELIGIOUS 3. MARRIED		10. RETIREMENT 1. CS 2. PKA	
12. NATURE OF ACTION 7/60 EXTENSION FOR LIMITED APPOINTMENT		13. EFFECTIVE DATE (MM/DD/YY) 3/27/68	
14. CIVIL SERVICE OR OTHER LEGAL AUTHORITY Sec. 522.3, P.L. 724-79 Congress as amended			

15. FROM POS NO 1-067	POSITION TITLE POLITICAL OFFICER	16. PAY PLAN AND OCCUPATION CODE PR-5550	17. GRADE OR LEVEL 03	18. SALARY \$16,941
19. ORGANIZATION DESIGNATION MANAGUA				

20. TO POS NO 1-067	POSITION TITLE POLITICAL OFFICER ATTACHE CONSUL	21. PAY PLAN AND OCCUPATION CODE PR-5550	22. GRADE 03	23. SALARY \$17,724	WORK SCHED
24. ORGANIZATION DESIGNATION MANAGUA		Level 3 SECTION B. LEAVE & RETIREMENT			

25. DUTY STATION (City/State) MANAGUA, Nicaragua	26. LOCATION CODE 8961-834	27. APPLICATION 0113.0 - 2021 - 313001	28. RECOMMENDATION RECOMMENDATION 2. CHAIRMAN
---	-------------------------------	---	---

REMARKS (If applicable, add remarks regarding the request for action.)
 Limited appointment effective 3-27-63
 is hereby extended for a period not to exceed five years or needs of employee, whichever is less. NTE 3/26/73.
 services, whichever is less.
 NTE 3-26-73

CTIVE 3/27/63

SIGNATURE
MEASHE, ARA:MGT:SOP

SIGNATURE
ROBERTIN, ARA:MGT:SOP

PART II. TO BE COMPLETED BY PERSONNEL OFFICE (Items in heavy lines must be completed)

1. CLEARANCES	INITIALS OR SIGNATURE	DATE	2. REQUEST APPROVED BY	3. REQUESTED BY	4. REQUESTED BY	5. REQUESTED BY	6. REQUESTED BY	7. REQUESTED BY	8. REQUESTED BY
10. RECOMMENDATION	11. RECOMMENDATION	12. RECOMMENDATION	13. RECOMMENDATION	14. RECOMMENDATION	15. RECOMMENDATION	16. RECOMMENDATION	17. RECOMMENDATION	18. RECOMMENDATION	19. RECOMMENDATION

ARA:MGT:SOP:MEASHE 2/23/68

FEDERAL EMPLOYEES SALARY ACT OF 1967

PUB. LAW 90-206

OCTOBER 6 1967

539700 SHAW ROBERT T

FR 03-03 116,941 117,724 118,501

FEDERAL EMPLOYEES SALARY ACT OF 1966

PUB. LAW 90-504

1 JULY 1966

539700 SHAW ROBERT T

FR 03-02 115,929 116,391 117,801

DEPARTMENT OF STATE

PAY ROLL CHANGE SLIP

FORM DS-1042
7-15-60

POST MANAGUA	ORG. CODE 3130	POSITION NO.	ALLOT. & ACTIVITY & PURPOSE 01130 2081	EFFECTIVE DATE 7-01-67	DATE OF LAST EQUIV. INCREASE
EMPLOYEE NAME SHAW ROBERT T	EMPLOYEE NO. 539700	CATG. & CLASS FR 03	NEW SALARY 116,941	OLD SALARY 116,391	<input checked="" type="checkbox"/> Periodic Step-Increase <input type="checkbox"/> Other Step Increase <input type="checkbox"/> Pay Adjustment

LWOP DATA (fill in appropriate spaces covering LWOP during following periods):

1. TOTAL EXCESS LWOP. TOTAL EXCESS LWOP

2. IN PAY STATUS AT END OF WAITING PERIOD

3. IN LWOP STATUS AT END OF WAITING PERIOD.

Initials of Clerk

Performance rating is satisfactory or better.

JOHN M. STEEVES

Signature of other person whose



DEPARTMENT OF STATE
PERSONNEL ACTION
AND
AUTHORIZATION OF OFFICIAL TRAVEL
Applicable Regulations: 6 FAM 100 & FM-1 510.4

You are hereby authorized to perform official travel at Government expense as indicated herein. Unless otherwise noted, all expenses and the maximum per diem under the regulations are authorized. Unless otherwise noted, shipment of effects is authorized from station of origin to station of destination if allowances are shown in item 15.

1. NAME, ADDRESS AND DIPLOMATIC TITLE SHAW, ROBERT T. AMERICAN EMBASSY MEXICO, D. F., MEXICO CONSUL ATTACHE	2. EMPLOYEE NUMBER 539700	3. AUTHORIZATION NUMBER 7-60514
	4. SOCIAL SECURITY NUMBER 268-28-0199	
	5. CLASS R-03	6. AUTHORIZATION DATE JULY 6, 1966
7. NEW POSITION TITLE, NUMBER AND OCCUPATION CODE POLITICAL OFFICER	1011	8. DO NOT START TRAVEL PRIOR TO 1-067(P)

9. ACCOUNTING CLASSIFICATION: The coding 'A' through 'E' must be shown on all documents issued under this authority and must appear on all vouchers, invoices, etc.

A. FUND 1970113	B. ALLOTMENT 2025	C. OBLIGATION NUMBER 760514	D. ORGANIZATION CODE 313001	E. FUNCTION 50-05
10A. STATION OF ORIGIN MEXICO, D.F., MEXICO	10B. LOCATION CODE 312001	11. OBJECT 2099		
12. STATION OF DESTINATION MANAGUA, NICARAGUA	13. AMOUNT			

14. QUARTERS AVAILABILITY 1. UNKNOWN 2. UNFURNISHED 3. FURNISHED 1	15. ALLOWANCES FOR SHIPMENT AND/OR STORAGE OF HOUSEHOLD EFFECTS - NET WEIGHT A. LIMITED SHIPMENT 03900 B. TOTAL ALLOWANCE 13000	16. FOREIGN MOTOR VEHICLE A. SHIPMENT AUTHORIZED 2 1. YES 2. NO B. MEETS CRITERIA OF 6 FAM 103.2, SUBSECTION 1
17. NUMBER OF DEPENDENTS A. ADULTS 2 B. 2 to 12 2 C. UNDER 2 0	18. EXCESS BAGGAGE (For air travel) 000	19. TOTAL NUMBER OF NONTRAVEL DAYS AUTHORIZED BELOW, INCLUDING THOSE WITHOUT PER DIEM UNDER THIS AUTHORIZATION (AND AMENDMENTS) A. CONSULTATION (WEEKDAYS) 00 B. TRAINING (CALENDAR DAYS) 000 C. TDY (CALENDAR DAYS) 000

THIS SECTION FOR PERSONNEL ACTION ONLY. When completed for permanent change of station, this document constitutes a valid personnel action for Transfer between Posts. DO NOT USE FOR R. T. HOME LEAVE OR FIELD AMENDMENTS.

20. SALARY pa \$ 16,391	21. SALARY APPROPRIATION AND ALLOTMENT 01130 2081	22. PAY REGISTRATION AND EFFECTIVE DATE 727 07-17-66	23. DPL CODE Q
----------------------------	--	---	-------------------

24. ITINERARY, SPECIAL INSTRUCTIONS, SPECIAL AUTHORIZATION AND REMARKS
10700700 00036

Transfer.

Tour of duty of four years with home leave after two years (Subject to the needs of the Service).

25. EID (Old form)	26. EIA (New post)	27. AUTHORIZING OFFICER
28. AUTHORIZED ITINERARY FOR DEPENDENTS MEXICO/MANAGUA		JOHN M. STEEVES
29. TRAVEL REQUESTED BY A. OFFICE ARA/EX B. OFFICER JONES		

Form 06-1031
1-63

(Replaces Form 06-1031 approved by
G.M. and B. on 8 July 1961)

REQUEST FOR PERSONNEL ACTION

PART I. REQUESTING OFFICE (Fill in items except those in heavy lines)

A. DATE OF REQUEST 7/5/66		B. PROPOSED EFFECTIVE DATE		C. REQUEST NUMBER		D. SERVICE CLASSIFICATION ES		E. ROUTING 7/11/66 7/5		F. CD/CD 7/5/66		G.	
1. NAME (CAPS) Last First Middle SHAW, Robert T.				MR. MISS MRS Mr.		2. EMPLOYEE NO. & SEX XXXX 539700		3. BIRTH DATE 06/18/25		4. SOCIAL SECURITY NO. 268-28-0199			
7. KIND OF ACTION REQUESTED (1) PERSONNEL (Specify appropriate management function in 12)										RIF CODE		G. POSITION SKILL CODES	
(12) POSITION (Specify number, name, attached to)										H. POSITION VACATED 1. From funded 2. Unfunded 3. Other			
5. VETERAN PREFERENCE 1- NO 2- 5 PT 3- 10 PT DSAB 4- 10 PT COMP 5- 10 PT OTHER		6. TENURE CODE		7. SERVICE COMP DATE		8. PHYSICAL HANDICAP CODE		9. FEGLI 1- COVERED 2- INELIGIBLE 3- WAIVED 4- RETIREMENT 1- CS 2- FICA 3- FS 4- NONE 5- OTHER		10A. MO & YR OF GRADE		11. (For CCL only)	
12. NATURE OF ACTION 727 CODE Transfer		13. EFFECTIVE DATE (M/D/Y) 7/17/66		14. CIVIL SERVICE OR OTHER LEGAL AUTHORITY									

15. FROM: POS NO. 3-229		POSITION TITLE Consul Consular Officer		16. PAY PLAN AND OCCUPATION CODE FR-3011		17. GRADE OR LEVEL 03		18. SALARY pa 15,395 16,391	
19. ORGANIZATION DESIGNATION Mexico, D.F. Mexico									

20. TO: POS NO. 1-067		POSITION TITLE Political Officer Consul - Attache		21. PAY PLAN AND OCCUPATION CODE FR-1011		22. GRADE 03		23. SALARY 16,391 pa 15,395 NEXT PD DUE 15,727		WORK SCHED.	
24. ORGANIZATION DESIGNATION MANAGUA (V. PATTON) 1070											

25. DUTY STATION (City/State) Managua, Nicaragua				26. LOCATION CODE			
27. APPROPRIATION CODE 01130 02-2081		313001		28. POSITION OCCUPIED 1- COMPETITIVE SERVICE 2 2- EXCEPTED SERVICE		29. APPOINTMENT POSITION FROM TO STATE	

Tour of duty four years with home leave after two years (subject to the needs of the Service).

ETA: 7/15/66.

J. REQUESTED BY SIGNATURE <i>[Signature]</i> TITLE AKA: SOP: [Signature]			K. REQUEST APPROVED BY SIGNATURE <i>[Signature]</i> TITLE AKA: SOP: [Signature]		
PART II. TO BE COMPLETED BY PERSONNEL OFFICE (Items marked heavy lines or PART I above also to be completed)					
CLEARANCES		INITIALS OR SIGNATURE		DATE	
1. []		[]		[]	
2. []		[]		[]	
3. []		[]		[]	
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99. []		[]		[]	
100. []		[]		[]	

FORM DS-1042
7-15-60

DEPARTMENT OF STATE
PAY ROLL CHANGE SLIP

POST	ORG CODE	POSITION NO.	ALLOT & ACTIVITY & PURPOSE	EFFECTIVE DATE	DATE OF LAST EQUIV. INCREASE
MEXICO D.F.	312A		01130 2081	7-01-66	
EMPLOYEE'S NAME	EMPLOYEE NO.	CATG. & CLASS SERV. & GRADE	NEW SALARY RATE	OLD SALARY RATE	
SHAW ROBERT T	539700	FSR 03	\$15,980	\$15,395	<input checked="" type="checkbox"/> Periodic Step-Increase

LWOP DATA (Fill in appropriate spaces covering LWOP during following periods):

Period(s):

☐ NO EXCESS LWOP. TOTAL EXCESS LWOP _____

☐ Check applicable box in case of excess LWOP:

☐ IN PAY STATUS AT END OF WAITING PERIOD.

☐ IN LWOP STATUS AT END OF WAITING PERIOD.

Initials of Clerk _____

REMARKS

Performance rating is satisfactory or better.

JAMES E. MOOPNAGLE

(Signature of other authentication)

PERSONNEL COPY

FEDERAL EMPLOYEES SALARY ACT OF 1965

PUB. LAW 89-301

15 NOVEMBER 1965

539700 SHAW ROBERT T

FSR 03-01 \$14,860 \$15,395 \$15,980

DS 1032

1. Approved for use by the Department of State
2. Approved for use by the Department of Defense

NOTIFICATION OF PERSONNEL ACTION

JOURNAL NUMBER

SERVICE

PS

1 NAME (LAST, FIRST, MIDDLE) SHAW, ROBERT T. MR.		2 EMPLOYEE NO. & SER. 539700M	3 BIRTH DATE (MM-DD-YY) 06-18-25	4 SOCIAL SECURITY NO. 268-28-0199
5 VETERAN PRESENCE 1 YES 2 NO 2	6 10 PT. DNAS 7 10 PT. COMP 8 10 PT. OTHER (3) 06	9 SERVICE COMP. DATE 08-28-48	10 PHYSICAL HANDICAP CODE 0	
11 FEQU 1 COVERED 2 INELIGIBLE 3 WAIVED 1		12 RETIREMENT 1 YES 2 NO 3 OTHER 1	13 EFFECTIVE DATE 05-65	14 CIVIL SERVICE OR OTHER LEGAL AUTHORITY
15 FROM POSITION TITLE AND NUMBER 702 PROMOTION		16 PAY PLAN AND OCCUPATION CODE FR-05-26-65	17 GRADE 04	18 SALARY (pa\$13,335)
19 NAME AND LOCATION OF EMPLOYING OFFICE DEPARTMENT OF STATE, WASHINGTON, D. C. 20520				

20 TO POSITION TITLE AND NUMBER 3-229 CONSULAR OFFICER		21 PAY PLAN AND OCCUPATION CODE (FR-03011) 007	22 GRADE 03	23 SALARY (pa\$14,860) 1
24 NAME AND LOCATION OF EMPLOYING OFFICE DEPARTMENT OF STATE, WASHINGTON, D. C. 20520				

25 DUTY STATION (City and State) MEXICO, D.F., MEXICO		26 LOCATION CODE 915300595	
27 APPROPRIATION 0113.0-2081-312801-000 08680965		28 POSITION OCCUPIED 1 COMPETITIVE 2 EXCEPTED SERVICE 2	29 APPORTIONED POSITION FROM TO 1 PHASED 1 2 WAIVED 2

30 REMARKS
A. SUBJECT TO COMPLETION OF 1 YEAR PROBATIONARY PERIOD COMMENCING
B. SERVICE COUNTING TOWARD CAREER (OR PERMANENT) TENURE FROM

31 DATE OF APPROVEMENT AFFIDAVIT (MM-DD-YY)
32 OFFICE MAINTAINING PERSONNEL RECORD (City and State)
33 OFFICE EMPLOYING DEPARTMENT OR AGENCY
34 SIGNATURE OF APPROVING OFFICIAL AND TITLE

ST 01 | DEPARTMENT OF STATE

SUBMITTING OFFICE NO 2951

JL

2

PERSONNEL FOLDER

RAY INC. FFF. 7-5-64 PL AR-426

NAME

PAY PLAN CLASS FROM TO SALARY SALARY STEP ORGAN

SHAW ROBERT T

F R

4

12.850

13.335

4

312801

DEPARTMENT OF STATE
PAY ROLL CHANGE SLIP

FORM DS-1042
7-13-60

POST OFFICE	ORG CODE	POSITION NO.	ALLOT & ACTIVITY & PURPOSE	EFFECTIVE DATE	DATE OF LAST EQUITY INCREASE
MEXICO CITY	AJ	7128	NO CHANGE	7-01-64	
EMPLOYER'S NAME	EMPLOYEE NO.	CATG & CLASS	NEW SALARY	OLD SALARY	
SHAW ROBERT T	830700	FSR 4	\$ 12,850	\$ 12,490	
LWOP DATA (Fill in appropriate spaces covering LWOP during following periods):			<input type="checkbox"/> Other Step-Increase		
<input type="checkbox"/> NO EXCESS LWOP TOTAL EXCESS LWOP			<input type="checkbox"/> Pay Adjustment		
<input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD					
<input type="checkbox"/> IN LWOP STATUS AT END OF WAITING PERIOD					

REMARKS

Performance rating is satisfactory or better

EARL D. SOMM

(Signature of Chief Administrator)

REPRODUCTION COPY

SHAW ROBERT T FR 04 \$ 11,880 \$ 12,495 03 312801

STANDARD FORM NO. 612
REVISED JUNE 1960
APPROVED BY:
COMP. GEN. U. S.
MARCH 17, 1961
U. S. CIVIL SERVICE COMMISSION
F. P. M. CHAPTER 40

**CIVIL OFFICER
APPOINTMENT AFFIDAVITS**
(As defined in 5 USC 21a and 21b)

United Mexican States
Federal District
City of Mexico
Embassy of the United
States of America

SS:

PER file

I, Robert T. Shaw
(Name in full)

Arizona
(State)

do solemnly swear (or affirm) that

A. OATH OF OFFICE

I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely without any mental reservation or purpose of evasion; that I will well and faithfully discharge the duties of the office on which I am about to enter, **SO HELP ME GOD.**

B. AFFIDAVIT AS TO SUBVERSIVE ACTIVITY AND AFFILIATION

I am not a Communist or Fascist. I do not advocate nor am I knowingly a member of any organization that advocates the overthrow of the constitutional form of the Government of the United States, or which seeks by force or violence to deny other persons their rights under the Constitution of the United States. I do further swear (or affirm) that I will not so advocate, nor will I knowingly become a member of such organization during the period that I am an employee of the Federal Government or any agency thereof.

C. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

I am not participating in any strike against the Government of the United States or any agency thereof, and I will not so participate while an employee of the Government of the United States or any agency thereof. I do not and will not assert the right to strike against the Government of the United States or any agency thereof while an employee of the Government of the United States or any agency thereof. I do further swear (or affirm) that I am not knowingly a member of an organization of Government employees that asserts the right to strike against the Government of the United States or any agency thereof and I will not, while an employee of the Government of the United States or any agency thereof, knowingly become a member of such an organization.

D. AFFIDAVIT AS TO PURCHASE AND SALE OF OFFICE

I have not, nor has anyone acting in my behalf, given, transferred, promised or paid any consideration for or in expectation or hope of receiving assistance in securing such appointment.

Robert T. Shaw
(Type name of appointee)

Robert T. Shaw
(Signature of appointee)

Subscribed and sworn before me this 15th day of October, A. D. 1963,

at Mexico, D. F., Mexico
(City) (State)

[SEAL]

E. L. Reeves
Consul of the United States of America
(Title)

Department of State
(Department or agency)

Foreign Service of the U.S.
(Bureau or division)

Mexico D.F., Mexico
(Place of employment)

Consul
(Position to which appointed)

September 10, 1963
(Date of signature on duty)

NOTE.—The oath of office must be administered by a person specified in 5 U. S. C. 18, or by a person designated to administer oaths under Section 204, Act of June 26, 1943, 5 U. S. C. 16a. If by a Notary Public, the date of expiration of his commission should be shown.

FORM DS-1032

JAN. 8 NAT. NUMBER

1-10-63
1-10-63 and 1-10-63

NOTIFICATION OF PERSONNEL ACTION

SERVICE FS			
1 NAME (LAST, FIRST, MIDDLE) SHAW, ROBERT T. MR.		2 EMPLOYEE NO. (SEE) 539700M	3 BIRTH DATE (MM-DD-YY) 06-18-25
4 SOCIAL SECURITY NO. 268-28-0199		5 TENURE (1-NO, 2-PT, 3-PT, 4-PT, 5-PT, 6-PT, 7-PT, 8-PT, 9-PT, 10-PT, 11-PT, 12-PT, 13-PT, 14-PT, 15-PT, 16-PT, 17-PT, 18-PT, 19-PT, 20-PT, 21-PT, 22-PT, 23-PT, 24-PT, 25-PT, 26-PT, 27-PT, 28-PT, 29-PT, 30-PT, 31-PT, 32-PT, 33-PT, 34-PT, 35-PT, 36-PT, 37-PT, 38-PT, 39-PT, 40-PT, 41-PT, 42-PT, 43-PT, 44-PT, 45-PT, 46-PT, 47-PT, 48-PT, 49-PT, 50-PT, 51-PT, 52-PT, 53-PT, 54-PT, 55-PT, 56-PT, 57-PT, 58-PT, 59-PT, 60-PT, 61-PT, 62-PT, 63-PT, 64-PT, 65-PT, 66-PT, 67-PT, 68-PT, 69-PT, 70-PT, 71-PT, 72-PT, 73-PT, 74-PT, 75-PT, 76-PT, 77-PT, 78-PT, 79-PT, 80-PT, 81-PT, 82-PT, 83-PT, 84-PT, 85-PT, 86-PT, 87-PT, 88-PT, 89-PT, 90-PT, 91-PT, 92-PT, 93-PT, 94-PT, 95-PT, 96-PT, 97-PT, 98-PT, 99-PT, 100-PT)	6 SERVICE START DATE 08-28-48
7 PHYSICAL HANDICAP CODE 0		8 RETIREMENT (1-NO, 2-PT, 3-PT, 4-PT, 5-PT, 6-PT, 7-PT, 8-PT, 9-PT, 10-PT, 11-PT, 12-PT, 13-PT, 14-PT, 15-PT, 16-PT, 17-PT, 18-PT, 19-PT, 20-PT, 21-PT, 22-PT, 23-PT, 24-PT, 25-PT, 26-PT, 27-PT, 28-PT, 29-PT, 30-PT, 31-PT, 32-PT, 33-PT, 34-PT, 35-PT, 36-PT, 37-PT, 38-PT, 39-PT, 40-PT, 41-PT, 42-PT, 43-PT, 44-PT, 45-PT, 46-PT, 47-PT, 48-PT, 49-PT, 50-PT, 51-PT, 52-PT, 53-PT, 54-PT, 55-PT, 56-PT, 57-PT, 58-PT, 59-PT, 60-PT, 61-PT, 62-PT, 63-PT, 64-PT, 65-PT, 66-PT, 67-PT, 68-PT, 69-PT, 70-PT, 71-PT, 72-PT, 73-PT, 74-PT, 75-PT, 76-PT, 77-PT, 78-PT, 79-PT, 80-PT, 81-PT, 82-PT, 83-PT, 84-PT, 85-PT, 86-PT, 87-PT, 88-PT, 89-PT, 90-PT, 91-PT, 92-PT, 93-PT, 94-PT, 95-PT, 96-PT, 97-PT, 98-PT, 99-PT, 100-PT)	9 GRADE 03-63
10 NATURE OF ACTION 980 GRANTING OF CONSULAR TITLE		11 EFFECTIVE DATE 09-10-63	12 CIVIL SERVICE OR OTHER LEGAL AUTHORITY
13 FROM POSITION TITLE AND NUMBER CONSULAR OFFICER		14 PAY PLAN AND OCCUPATION CODE FO	15 GRADE 04
16 NAME AND LOCATION OF EMPLOYING OFFICE DEPARTMENT OF STATE, WASHINGTON 25, D.C.		17 SALARY (pa\$11,880) 1	18 NEXT PAY DATE 15

20 TO POSITION TITLE AND NUMBER 3-229 CONSULAR OFFICER		21 PAY PLAN AND OCCUPATION CODE (FR-3011) FO	22 GRADE (04) 06	23 SALARY (pa\$11,880) 1
24 NAME AND LOCATION OF EMPLOYING OFFICE DEPARTMENT OF STATE, WASHINGTON 25, D.C.				

25 DUTY STATION (if any) (State) MEXICO CITY, D.F., MEXICO		26 LOCATION CODE 915300595
27 APPOINTMENT AJ -A-2081- 312801-32 A78		28 POSITION OCCUPIED 2
		29 APPROPRIATE POSITION 1-PROVIDED 1

30 REMARKS A SUBJECT TO COMPLETION OF 1-10-63	
---	--

THIS ACTION IS SUBJECT TO THE REGULATIONS OF THE DEPARTMENT OF STATE AND MAY BE SUBJECT TO INVESTIGATION AND REPORT BY THE UNITED STATES CIVIL SERVICE COMMISSION OR THE DEPARTMENT OF STATE. IT IS A WARNING THAT ANY PERSON WHOSE NAME IS ON THIS LIST IS SUBJECT TO INVESTIGATION AND REPORT BY THE UNITED STATES CIVIL SERVICE COMMISSION OR THE DEPARTMENT OF STATE. THE GRADE OF THE POSITION TO WHICH YOU ARE OFFICIALLY ASSIGNED MAY BE REVIEWED AND CORRECTED BY THE DEPARTMENT OF STATE OR BY THE CIVIL SERVICE COMMISSION.

NOMINATED: 08-26-63.
 CONFIRMED: 09-09-63.
 ATTESTED: 09-10-63.

EXECUTE SF-61A.
 APPOINTED BY THE PRESIDENT AS CONSUL OF THE USA 09-10-63.

31 DATE OF APPOINTMENT ATTACHED 09-10-63	32 SIGNATURE (SEE INSTRUCTIONS) ROBERT T. SHAW
33 DATE OF APPOINTMENT ATTACHED 09-10-63	34 SIGNATURE (SEE INSTRUCTIONS) ROBERT T. SHAW
35 DATE 09-10-63	36 SIGNATURE (SEE INSTRUCTIONS) ROBERT T. SHAW

CHP 2 PERSONNEL FOLDER

SUBMITTING OFFICE NO. 2951

Form 08-1081

Approved by AF 12 approved by
AF 12 and AF 12 approved by

REQUEST FOR PERSONNEL ACTION

p-c-s

PART I. REQUESTING OFFICE

(1) If no action is taken on this request

A. DATE OF REQUEST

2/26/63

B. ACTION REQUESTED

ASAP

C. SERVICE

FS

D. REASONING

TEN: EX: 7/4

POD: TR

E. POSITION

FED: ARA

FED: TR

F. PAY PLAN

7/12

1. NAME (Last, First, Middle)

SHAW, ROBERT T.

2. EMPLOYER

MR.

3. EMPLOYEE NO. & ID

539700M

4. BIRTH DATE

06/18/25

5. SOCIAL SECURITY NO.

260-28-0199

F. KIND OF ACTION REQUESTED (1) PERSONNEL (2) PROPERTY (3) EQUIPMENT (4) OTHER

H. NAME

I. POSITION

J. GRADE

12. POSITION (Specify grade & name, if known)

13. POSITION VACATED

1. Reason (2) Date (3) Grade

14. VETERAN PREFERENCE

1. NO

2. 5 PT

3. 10 PT DUAL

4. 10 PT CEMP

5. 10 PT OTHER

15. TENURE CODE

3

16. GRADE

1G

17. PHYSICAL HANDICAP CODE

08-28-48

18. COVERED

1. YES

2. NO

3. PARTIAL

4. OTHER

19. RETIREMENT

1. YES

2. NO

3. OTHER

4. OTHER

5. OTHER

6. OTHER

7. OTHER

8. OTHER

9. OTHER

10. OTHER

11. OTHER

12. OTHER

13. OTHER

14. OTHER

15. OTHER

16. OTHER

17. OTHER

18. OTHER

19. OTHER

20. OTHER

12. NATURE OF ACTION

980

Granting of Consular Title

13. EFFECTIVE DATE (M/Y)

09-10-63

14. CIVIL SERVICE (1) OTHER (2) LEGAL ATTORNEY

Section 5-2-2-1-721-2

24th Congress as amended

15. FROM POS NO

POSITION TITLE

Consular officer

16. PAY PLAN AND OCCUPATION CODE

17. GRADE OR LEVEL

18. SALARY

19. ORGANIZATION DESIGNATION

20. TO POS NO

3-229

POSITION TITLE

Consular Officer
Consul

21. PAY PLAN AND OCCUPATION CODE

FBR 3011

FQ

22. GRADE

04

06

STEP

15

23. SALARY

(p.a. \$11,800)

15

24. ORGANIZATION DESIGNATION

25. INSTITUTION

Mexico City, Mexico

26. POSITION NO.

312801-721

27. PAY PLAN

915.300595

28. APPROPRIATION

CODE

A-2081

29. PROGRAM

PROGRAM

30. POSITION OCCUPIED

1. COMPLETE SERVICE

2. PARTIAL SERVICE

31. APPROPRIATION POSITION

FORM

IN

32. STATE

Presidential Commission required.

APPOINTED BY THE PRESIDENT AS CONSUL OF THE U. S. A. 09-10-63.

NOMINATED: 08-26-63
CONFIRMED: 09-09-63
ATTESTED: 09-10-63

EXECUTE SF 61a

APPOINTED BY THE PRESIDENT AS ~~CONSUL~~ CONSUL OF THE U. S. A. 09-10-63.

**CIVIL OFFICER
APPOINTMENT AFFIDAVITS**
(As defined in 5 USC 21a and 21b)

I, Robert Tyler Shaw Arizona
(Name in full) (State)

do solemnly swear (or affirm) that

A. OATH OF OFFICE

I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely without any mental reservation or purpose of evasion; that I will well and faithfully discharge the duties of the office on which I am about to enter, **SO HELP ME GOD.**

B. AFFIDAVIT AS TO SUBVERSIVE ACTIVITY AND AFFILIATION

I am not a Communist or Fascist. I do not advocate nor am I knowingly a member of any organization that advocates the overthrow of the constitutional form of the Government of the United States, or which seeks by force or violence to deny other persons their rights under the Constitution of the United States. I do further swear (or affirm) that I will not so advocate, nor will I knowingly become a member of such organization during the period that I am an employee of the Federal Government or any agency thereof.

C. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

I am not participating in any strike against the Government of the United States or any agency thereof, and I will not so participate while an employee of the Government of the United States or any agency thereof. I do not and will not assert the right to strike against the Government of the United States or any agency thereof while an employee of the Government of the United States or any agency thereof. I do further swear (or affirm) that I am not knowingly a member of an organization of Government employees that asserts the right to strike against the Government of the United States or any agency thereof and I will not, while an employee of the Government of the United States or any agency thereof, knowingly become a member of such an organization.

D. AFFIDAVIT AS TO PURCHASE AND SALE OF OFFICE

I have not, nor has anyone acting in my behalf, given, transferred, promised or paid any consideration for or in expectation or hope of receiving assistance in securing such appointment.

Robert Tyler Shaw Robert Tyler Shaw
(Type name of appointee) (Sign as appointee)

Subscribed and sworn before me this 27th day of March, A. D. 1963.

at Washington D. C.
(City) (State)
Ronald B. Smith
(Signature of officer)

[SEAL]

Sec. 206, Act of June 28, 1948
(Title)

Department of State Foreign Service Mexico City
(Department or agency) (Bureau or division) (Place of employment)
Consular Officer - PCR-4 PCR 3-27-63
(Position to which appointed) (Date of contract or duty)

NOTE.—The oath of office must be administered by a person specified in 5 U. S. C. 18, or by a person designated to administer oaths under Section 206, Act of June 28, 1948, 5 U. S. C. 16a. If by a Notary Public, the date of expiration of his commission should be shown.

Form 50-1022

Replaces Form 50-1022 of 10/1/60
(31 and 32 of 3 July 1962)

NOTIFICATION OF PERSONNEL ACTION

Submitting Office Use Only
ANNUAL NUMBER

1 NAME (LAST, FIRST, MIDDLE) SHAW, ROBERT T. MR.		2 EMPLOYEE NO. & SER. 539700M	3 BIRTH DATE (M, D, Y) 06-18-25	4 SOCIAL SECURITY NO. 268-28-0199
5 VETERAN PREFERENCE 1-NO 2-5 PT	6 NO PT DYNAB 7 NO PT COMP	8 NO PT OTHER (3) 0	9 PHYSICAL HANDICAP CODE 00-00-00	10 SOCIAL HANDICAP CODE 0
9 REGU: 1 COVERED 2 UNEMPLOYABLE 3 WANTED		11 RETIREMENT 1 YES 2 NO 1	12 GRADE & STEP OF GRADE 03-63	13 FUND CODE
12 NATURE OF ACTION 171 LIMITED APPOINTMENT		13 EFFECTIVE DATE 03-27-63	14 CIVIL SERVICE OR OTHER LEGAL AUTHORITY SEC. 522.1 PL 724-79TH AS AMENDED	
15 FROM POSITION TITLE AND NUMBER		16 PAY PLAN AND OCCUPATION CODE	17 GRADE	18 SALARY pa\$
19 NAME AND LOCATION OF EMPLOYING OFFICE DEPARTMENT OF STATE, WASHINGTON 25, D.C.				

20 TO POSITION TITLE AND NUMBER 3-229 CONSULAR OFFICER		21 PAY PLAN AND OCCUPATION CODE (FR-3011) FO	22 GRADE (04) 06	23 SALARY (pa\$11,880) 1
24 NAME AND LOCATION OF EMPLOYING OFFICE DEPARTMENT OF STATE, WASHINGTON 25, D.C.		25 NEXT PS DUE		

25 DUTY STATION (City & Country Name) MEXICO D.F., MEXICO		26 LOCATION CODE 915300595	
27 APPROPRIATION AJ -A-2081-3128-32 12801 A78	28 POSITION OCCUPIED - COMPETITIVE 2	29 APPROPRIATED POSITION FROM TO STATE 1 PROVED 1 2 AA FID-2	
30 REMARKS A. SUBJECT TO COMPLETION OF 1 YEAR PROBATIONARY PERIOD FOR ALL PERIODS OF SERVICE B. SERVICE COUNTING TOWARD CAREER FOR PERMANENT EMPLOYMENT			

SEPARATIONS SHOW REASON BELOW, AS REQUIRED

CHECK IF APPLICABLE

C. LEAVE FOR

D. FROM APPOINTMENT OF 6 MONTHS OR LESS

31. Is there any other action or disposition of this employee which should be noted? (If yes, state action or disposition.)
 Department Name: _____ Date: _____
 Title: _____
 Signature: _____

APPOINTMENT LIMITED TO FIVE YEARS OR NEED FOR EMPLOYEE'S SERVICES, WHICHEVER IS LESS.

TOUR OF DUTY OF FIVE YEARS WITH HOME LEAVE AFTER THREE YEARS SUBJECT TO THE NEEDS OF THE SERVICE).

32 DATE OF APPOINTMENT AFFIDAVIT (M, D, Y)

33 SIGNATURE OF APPOINTING OFFICER AND TITLE

34 EFFECT DATES (PERSONNEL OFFICE USE ONLY)

35 OFFICE EMPLOYING DEPARTMENT OR AGENCY

ST 01 DEPARTMENT OF STATE

CHP

2

PERSONNEL OFFICE

TELEPHONE 02 63

Form 05-1081

If completed in 1967, approved by
FPMR 201.5, 201.6, July 1967

REQUEST FOR PERSONNEL ACTION

PART I. REQUESTING OFFICE (Fill in except where directed on reverse (front))

A. DATE OF REQUEST 2/26/63		B. PROMISED EMP. DATE ASAP		C. REQUEST NUMBER		D. SERVICE FS		E. POSITION FEDERAL RESERVE BANK FOD:IR 1/17/63	
1. NAME (Last, First, Middle) SHAW, ROBERT T.				MR. MISS. MRS. MR.		12. EMPLOYEE NO. AND 559700 M		13. BIRTH DATE, MONTH, DAY 06/18/25	
14. SOCIAL SECURITY NO. 262-28-0199						15. PAY CODE		16. POSITION	
17. KIND OF ACTION REQUESTED (Personnel) 12. POSITION (Specify position, grade, title, etc.)						18. POSITION VACATED		19. Reason cited: 1. Excess 2. Other	
20. VETERAN PREFERENCE 1. NO 2. 5 PT 3. 10 PT DISAB 4. 10 PT COMP 5. 10 PT OTHER		6. TENURE CODE 3 G		7. SERVICE DATE		8. PHYSICAL HANDICAP CODE 0			
9. REGAL 1. COVERED 2. UNELIGIBLE 3. WAIVED		10. RETIREMENT 1. CS 2. PCA		11. PAY DATE		12. MO. & YR. OF GRADE 03-63		13. CIVIL SERVICE OR OTHER LEGAL AUTHORITY Section 522.1 - P. L. 724 - 79th Congress as amended	
14. NATURE OF ACTION 171 BSR Appointment - limited		15. EFFECTIVE DATE (MM/YY) 3-27-63		16. CIVIL SERVICE OR OTHER LEGAL AUTHORITY		17. GRADE OR LEVEL		18. SALARY	
19. FROM POS NO.		POSITION TITLE		20. PAY PLAN AND OCCUPATION CODE		21. GRADE		22. STEP	
23. ORGANIZATION DESIGNATION									
24. TO POS NO. 3-229		POSITION TITLE Consular Officer Consult (when confirmed)		25. PAY PLAN AND OCCUPATION CODE FR-3011 F6		26. GRADE 04 6-6		27. STEP 15	
28. ORGANIZATION DESIGNATION		vice: Stewart							

29. DUTY STATION Mexico City, Mexico		30. ACTION CODE 915300595	
31. ACTION CODE 12301		32. ACTION CODE 3128-32 RTZ	
33. ACTION CODE 15-2091		34. ACTION CODE 15-2091	

Authorize travel of appointee and dependents from Falls Church, Virginia to Mexico City. Authorize shipment of effects from Falls Church, Virginia and Williamsburg, Virginia to Mexico City. Authorize shipment of unaccompanied baggage from Falls Church, Virginia and/or Williamsburg, Virginia to Mexico City. Appointment limited to 5 years, or need of employee's services, whichever is less. Also separate TO 1031 for Granting of Consular Title.

Tour of duty (a)

APPROVED BY: Pierre M. Graham, Chief
APPROVED BY: David C. Jelinek
APPROVED BY: David C. Jelinek

PART II. TO BE COMPLETED BY PERSONNEL OFFICE

35. ACTION CODE 15-2091		36. ACTION CODE 15-2091	
37. ACTION CODE 15-2091		38. ACTION CODE 15-2091	
39. ACTION CODE 15-2091		40. ACTION CODE 15-2091	

PER:CGTARA:ME:lshe 2/28/63 Appd CM /

NOTIFICATION OF SECURITY CLEARANCE UNDER E.O. 10450

TO: Director, Office of Personnel
Attn: Mr. John Ordway

DATE: February 1, 1963

SUBJECT: SHAW, Robert Tyler
(DOB: 6/18/25)

☒ APPLICANT. If subject is not appointed within 90 days of the date of this notification, this clearance must be revalidated by the Office of Security.

☐ EMPLOYEE.

The case of above-named person has been reviewed in the Office of Security.

Investigative requirements of Executive Order 10450 have been complied with.

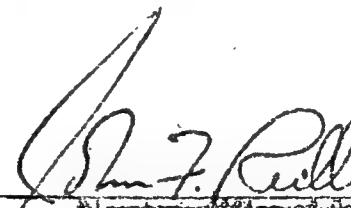
It has been determined that the employment or retention in employment of subject is clearly consistent with the interests of national security.

On the basis of this determination clearance is hereby granted. This clearance shall remain in effect for all purposes until further notice except that prior approval must continue to be requested from the Office of Security in the event of marriage to an alien, Presidential appointment, any appointment requiring Senate confirmation, and transfers or assignments to the Office of Security, R Area Special Projects Staff, and cryptographic duties. (This determination shall not eliminate or modify any other determination on security which may be required by law).

REMARKS:

☐ Investigative reports are attached. Please return these reports to the Office of Security within 10 days together with the names of the individuals who have reviewed them listed on the extra copy of this form herewith furnished.

☐



Deputy Assistant Secretary for Security

ATTACHMENTS

O/SY:JFR:ec

This memorandum may be considered as OFFICIAL USE ONLY upon removal of attachments.

UNCLASSIFIED/Mexico City

STANDARD FORM 144
REVISED 10-1-60
U.S. GOVERNMENT PRINTING OFFICE
16-50801-1 (10-60)

STATEMENT OF PRIOR FEDERAL CIVILIAN AND MILITARY SERVICE AND DETERMINATION OF COMPETITIVE STATUS

IMPORTANT: The information on this form will be used (1) in determining creditable service for leave purposes and retirement credits for reduction in force, and (2) in recording agency determination of competitive status. The employee should complete Part I and the Personnel Office should complete Parts II through V.

PART I—EMPLOYEE'S STATEMENT										PART II—THIS COLUMN IS FOR PERSONNEL OFFICE USE		
1. NAME (Last, first, middle initial) SHAW, Robert T.						2. DATE OF BIRTH 6-18-25				9. RETENTION GROUP		
3. LIST THE FOLLOWING INFORMATION CONCERNING ALL FEDERAL AND DISTRICT OF COLUMBIA SERVICE YOU HAVE HAD PRIOR TO YOUR PRESENT APPOINTMENT (Do not include military service.)										10. A. CSC STATUS <input type="checkbox"/> YES <input type="checkbox"/> NO B. TYPE OF PRESENT APPOINTMENT		
NAME AND LOCATION OF AGENCY		FROM—			TO—			TYPE OF APPOINTMENT IF ANY		11. SERVICE		
		YEAR	MONTH	DAY	YEAR	MONTH	DAY			YEAR	MONTH	DAY
FOREIGN SERVICE DEPT OF STATE		49	10		52	2						
		52	5		54	7						
DEPT OF DEFENSE FOREIGN SERVICE DEPT OF STATE		54	7		56	5						
		56	6		61	5						
		61	5		63	3						
A. LIST PERIODS OF ACTIVE SERVICE IN ANY BRANCH OF THE ARMED FORCES OF THE UNITED STATES. IF YOU HAD NO ACTIVE MILITARY SERVICE, WRITE "NONE."												
BRANCH		FROM—			TO—			DISCHARGE (Kind or Dishonor)				
		YEAR	MONTH	DAY	YEAR	MONTH	DAY					
ARMY		43	9	11	45	3	8	HON.				
B. DURING PERIODS OF EMPLOYMENT SHOWN IN ITEM 3, DID YOU HAVE A TOTAL OF MORE THAN 6 MONTHS ABSENCE WITHOUT PAY, INCLUDING PERIODS OF MERCHANT MARINE SERVICE, DURING ANY ONE CALENDAR YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO IF ANSWER IS "YES," LIST FOLLOWING INFORMATION.										12. TOTAL SERVICE		
TYPE IF KNOWN (Lb Op, Full, Sup, AWOL, Mor Mor)		FROM—			TO—			TOTAL		13. NONCREDITABLE SERVICE (Leave purposes only)		
		YEAR	MONTH	DAY	YEAR	MONTH	DAY	YEARS	MONTHS	DAYS	14. NONCREDITABLE SERVICE (RIF purposes only)	
6. DURING THE FEDERAL SERVICE LISTED IN ITEM 3, DID YOU ACQUIRE A PERMANENT COMPETITIVE CIVIL SERVICE STATUS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO										15. UNEMPLOYMENT RIGHTS		
7. ARE YOU: A. THE WIFE OF A DECEASED VETERAN? <input type="checkbox"/> YES <input type="checkbox"/> NO B. THE MOTHER OF A DECEASED OR DISABLED VETERAN? <input type="checkbox"/> YES <input type="checkbox"/> NO C. THE UNEMPLOYED WIFE OF A VETERAN? <input type="checkbox"/> YES <input type="checkbox"/> NO										16. EXPIRATION DATE OF SENIORITY RIGHTS		
8. TO BE EXECUTED BEFORE A NOTARY PUBLIC OR OTHER PERSONS AUTHORIZED TO ADMINISTER OATHS. I swear (or affirm) that the above statements are true to the best of my knowledge and belief.												
<div style="display: flex; justify-content: space-between;"> <div> <p>EOB 3-27-63 (DATE)</p> <p>Submitted and sworn to before me on this 27th day of March, 1963 at Washington, D. C.</p> <p style="text-align: center;">BRAL</p> </div> <div style="text-align: right;"> <p><i>Robert T. Shaw</i> (SIGNATURE)</p> <p><i>Ronald C. Smith</i> (SIGNATURE)</p> </div> </div>												
<p>NOTE: If oath is taken before a Notary Public, the date, time, and place of oath shall be shown.</p> <p>INSTRUCTIONS: Fill this form on the permanent side of the employee's official personnel folder same-daily before or after the personnel action specified.</p>												

(OVER)

FORM DSP-34 9-1-53 DEPARTMENT OF STATE SUPPLEMENT TO STANDARD FORM 57 If more space is required, use additional sheets of paper. Write on each sheet your name, address and date of birth. Identify each item, and attach to this application.		Budget Bureau No. 47-8071.6 Approval Expires June 30, 1955 A. NAME (Print) Robert Tyler Shaw B. ADDRESS 3000 N. Oakland Street Arlington 7, Virginia																									
2. USE OF APPLICATION - CHECK BELOW TO INDICATE TYPE OF EMPLOYMENT FOR WHICH YOU WISH TO BE CONSIDERED: <input checked="" type="checkbox"/> Foreign Service only <input type="checkbox"/> Departmental only <input type="checkbox"/> Foreign service and departmental																											
3. PERMANENT ADDRESS (Place from which you will expect transportation of self and household effects, if any, if appointed to the Foreign Service) 3000 N. Oakland Street, Arlington 7, Virginia																											
4. IF BORN OUTSIDE THE UNITED STATES, HOW WAS CITIZENSHIP ACQUIRED? IF A NATURALIZED CITIZEN, GIVE PLACE, DATE, AND NUMBER OF NATURALIZATION CERTIFICATE. (Section II on Form 57).																											
5. a. ARE YOU NOW INVOLVED IN ANY LITIGATION OR SEPARATION AGREEMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO b. DO YOU KNOW OF ANY PROSPECTIVE LITIGATION IN WHICH YOU MAY BE INVOLVED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (Give details, if answer is yes to a. or b.) c. IF DIVORCED GIVE NAME OF COURT, LOCATION, AND DECREE.																											
6. IF APPLYING FOR OVERSEAS EMPLOYMENT WHAT IS THE LOWEST ENTRANCE SALARY YOU WILL ACCEPT? (Exclusive of overseas allowances) <div style="text-align: center;">\$ Per Year</div>																											
7. IF OFFERED APPOINTMENT IN THE FOREIGN SERVICE WHAT RESTRICTIONS ARE THERE ON YOUR AVAILABILITY FOR DUTY IN ANY PART OF THE WORLD? <div style="text-align: center;">None</div>																											
8. a. FULL NAME OF SPOUSE (If wife, give maiden name) Janet Lee Ruggles Shaw		b. DATE OF BIRTH 12 April 1927																									
		c. PLACE OF BIRTH (City, State or Province, and Country) Three Rivers, Michigan																									
9. IF BORN OUTSIDE THE UNITED STATES, HOW WAS CITIZENSHIP ACQUIRED?		10. IF NATURALIZED, GIVE PLACE, DATE, AND NO. OF NATURALIZATION CERTIFICATE																									
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>NAME OF DEPENDENT</th> <th>RELATIONSHIP</th> <th>DATE OF BIRTH</th> <th>WILL RESIDE WITH YOU OVERSEAS</th> </tr> <tr> <th></th> <th></th> <th></th> <th>YES NO</th> </tr> </thead> <tbody> <tr> <td>Janet Lee Ruggles Shaw</td> <td>Wife</td> <td>12 April 1927</td> <td>X</td> </tr> <tr> <td>Barbara Lee Shaw</td> <td>Daughter</td> <td>27 July 1952</td> <td>X</td> </tr> <tr> <td>Richard Wilson Shaw</td> <td>Son</td> <td>10 September 1955</td> <td>X</td> </tr> <tr> <td>Thomas Ruggles Shaw</td> <td>Son</td> <td>10 September 1955</td> <td>X</td> </tr> </tbody> </table>				NAME OF DEPENDENT	RELATIONSHIP	DATE OF BIRTH	WILL RESIDE WITH YOU OVERSEAS				YES NO	Janet Lee Ruggles Shaw	Wife	12 April 1927	X	Barbara Lee Shaw	Daughter	27 July 1952	X	Richard Wilson Shaw	Son	10 September 1955	X	Thomas Ruggles Shaw	Son	10 September 1955	X
NAME OF DEPENDENT	RELATIONSHIP	DATE OF BIRTH	WILL RESIDE WITH YOU OVERSEAS																								
			YES NO																								
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Barbara Lee Shaw	Daughter	27 July 1952	X																								
Richard Wilson Shaw	Son	10 September 1955	X																								
Thomas Ruggles Shaw	Son	10 September 1955	X																								
10. a. FATHER'S NAME Maj. Gen. Franklin P. Shaw		b. PRESENT ADDRESS Evell & Battle Sts, Manassas, Va.																									
		c. PLACE OF BIRTH Newport, Kentucky																									
11. a. MOTHER'S NAME Mary Ines Skeen Shaw		b. PRESENT ADDRESS "																									
		c. PLACE OF BIRTH Elizabethtown, Ky.																									
12. IF PARENTS BORN OUTSIDE THE UNITED STATES, DID THEY EVER OBTAIN UNITED STATES CITIZENSHIP? (Check below.) FATHER: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO MOTHER: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO																											
13. HAVE YOU EVER APPLIED FOR A POSITION WITH THE DEPARTMENT OF STATE OR TAKEN AN EXAMINATION FOR A POSITION WITH THE DEPARTMENT OF STATE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If "YES" give date, nature of position applied for, and kind of examination taken, if any. Asst. Attache, PSS-7, Caracas, Venezuela, 1949-52 Vice Consul, PSS-9, Guayaquil, Ecuador, 1952-54.																											

FORM 517-31 9-1-57		PAGE 7
14. RELATIVES BY BLOOD OR MARRIAGE NOW RESIDING IN FOREIGN COUNTRIES		
NAME	RELATIONSHIP	ADDRESS
Maj. F. P. Shaw, Jr.	Brother	Tokyo, Japan
15. LIST PRESENT OR FORMER FOREIGN CONNECTIONS:		
A. BUSINESS		
B. EMPLOYMENT		
16. DOES YOUR FINANCIAL POSITION PERMIT DISCHARGE OF ALL DEBTS INCURRED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
IF "NO," STATE INFORMATION REQUESTED BELOW:		
NAMES OF CREDITORS	AMOUNTS DUE	DATES ON WHICH OBLIGATIONS WERE CONTRACTED
17a. HAVE YOU EVER BEEN MEDICALLY DISCHARGED FROM THE ARMED SERVICES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
b. HAVE YOU EVER BEEN UNDER TREATMENT FOR A MENTAL OR EMOTIONAL DISORDER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
IF "YES," GIVE DETAILS IN ITEM 39 OF FORM 57.		
18. PRESENT MILITARY STATUS		
A. ARE YOU REGISTERED WITH A SELECTIVE SERVICE BOARD? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF "YES," STATE BELOW THE NUMBER AND ADDRESS OF THE BOARD, AND YOUR CLASSIFICATION:		
B. DO YOU HAVE A MILITARY RESERVE STATUS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF "YES," STATE BELOW, THE BRANCH OF SERVICE, YOUR SERIAL NUMBER, YOUR ORGANIZATION UNIT AND HEADQUARTERS:		
LIST DECORATIONS (Exclusive of service ribbons), CITATIONS, AND OFFICIAL LETTERS OF COMMENDATION RECEIVED FOR SERVICE IN THE ARMED FORCES:		
19. LIST OTHER NAMES, IF ANY, BY WHICH YOU HAVE BEEN KNOWN INCLUDING MARRIED NAMES, IF MARRIED MORE THAN ONCE, GIVE DATES DURING WHICH NAMES WERE USED.		
20. REFERENCES: LIST FIVE PERSONS, EXCLUSIVE OF SUPERVISORS, LIVING IN THE UNITED STATES WHO ARE NOT RELATED TO YOU AND WHO HAVE DEFINITE KNOWLEDGE OF YOUR QUALIFICATIONS AND FITNESS FOR THE POSITION FOR WHICH YOU ARE APPLYING. (Repeat names listed in Item 14, Form 57 and add two additional references.)		
FULL NAME	PRESENT BUSINESS OR HOME ADDRESS (Give complete current address, including street and number)	BUSINESS OR OCCUPATION
Norman Armour	c/o Dept. of State	Retired, FSO
Paul C. Hutton	c/p Dept. of State	FSO/Dept.
Raymond C. Luddy	c/o Dept. of State	FSO/Dept.
Gen. Douglas MacArthur	Remington Rand, N.Y.C.	Corp. President
Maj. Gen. R. C. Harmon	Dept. of Air Force	Judge Advocate
21. HAVE YOU EVER BEEN UNDER THE CIVIL SERVICE RETIREMENT SYSTEM? Yes		22. SOCIAL SECURITY NUMBER, IF ANY: 268-28-1199
22. If you believe the information you have supplied on this application does not fully show your qualifications for Departmental or Foreign Service Employment, state in Item 33 of Form 57 or on a separate sheet, any additional appropriate data that you wish to be considered.		
DATE 10 February 1956		SIGNATURE Robert P. Shaw

STATE - CO, WASHINGTON, D.C.

APPLICATION FOR FEDERAL EMPLOYMENT

1-10102

17-103

DO NOT WRITE IN THIS SPACE	APPLICATION NO.	1. Kind of position applied for, or name of examination	Announcement No.				
		FOREIGN SERVICE RESERVE					
		2. Options for which you wish to be considered (if listed in examination announcement)					
		3. Primary place(s) of employment applied for (City and State)					
		FOREIGN SERVICE					
		4. Name (First, middle, maiden, if any, last)					
		ROBERT TYLER SHAW					
		5. Address (Number, Street, City, Zone, State)					
		415 LINDEN LANE FALLS CHURCH, VA.					
		ANNOUNCEMENT NO.	DO NOT WRITE IN THIS BLOCK For Use of Examining Office Only	6. Home phone	7. Office phone		
JE 2-0199							
8. Legal residence (State)							
ARIZONA							
9. Height without shoes	10. Weight			11. Sex			
5 feet 7 inches	138			<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female			
12. Marital status				13. Birthplace (City and State, or foreign country)			
<input checked="" type="checkbox"/> Married <input type="checkbox"/> Single (Widow, widower, divorced)				Washington, D. C.			
14. Birth date (Month, day, year)				15. Social Security Number			
June 18, 1925				268 28 0199			
16. If you have ever been employed by the Federal Government, indicate last grade and job title							
Presently employed by Dept. of State (GS-14) Dates of service in that grade From May 1961 To Present							

17. AVAILABILITY INFORMATION	
A. Lowest grade or pay you will accept	B. Will you accept temporary appointment? (Acceptance or refusal of temporary employment will not affect your consideration for other appointments.)
PSN-4	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," indicate by "X" in appropriate box or boxes.
C. Will you accept less than 1 year's employment (less than 12 months)?	D. Will you accept appointment only in certain locations?
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

18. ACTIVE MILITARY SERVICE AND VETERAN'S PREFERENCE	
A. List Dates, Branch, and Detail or Service Number of All Active Service	Serial or Service Number
From September 11, 1943 To March 8, 1945 Branch of Service Army	35228658
B. Have you ever been discharged from the armed forces under other than honorable conditions?	
<input type="checkbox"/> Yes (Give details in Item 32) <input checked="" type="checkbox"/> No	
C. Do you claim 5-point preference based on wartime military service?	D. Do you claim 5-point preference based on service during peacetime campaign?
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes (Complete and attach Standard Form 15) <input checked="" type="checkbox"/> No
E. Do you claim 10-point preference? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," check type of preference claimed and complete and attach Standard Form 15. (Veteran's Preference claim) <input type="checkbox"/> Compensable disability <input type="checkbox"/> Disability <input type="checkbox"/> Wife <input type="checkbox"/> Widow <input type="checkbox"/> Mother	

THIS SPACE FOR USE OF APPOINTING OFFICER ONLY	
The information given in answer to Question 16 has been verified with the discharge certificate and on other record which shows that the separation was under honorable conditions.	
VETERAN PREFERENCE ALLOWED <input type="checkbox"/> 5-point <input type="checkbox"/> 10-point Comp. Disab. <input type="checkbox"/> Other 10-point <input type="checkbox"/> None	
Signature and title	Date

PLEASE BE SURE TO READ ATTACHED INSTRUCTIONS BEFORE COMPLETING ITEM 19

19. EXPERIENCE (Start with your PRESENT position and work back)

May inquiry be made of your present employer regarding your character, qualifications, and record of employment? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
1	Dates of employment (month, year) From May 1961 To present time	Exact title of position Political Officer	Number and kind of employees you supervise 8 - 10
Salary or earnings Starting \$12,210 per yr Present \$13,270 per yr		Classification Grade (If in Federal service) GS-14	Place of employment (City & State) Washington, D. C.
Name and address of employer (firm, organization, etc.) Department of State		Kind of business or organization (Manufacturing, accounting, insurance, etc.) U.S. Govt	
Name, title, and present address of immediate supervisor Thomas Linthicum			
Reason for leaving Desire to re-enter Foreign Service			
Description of work Analysis of political and economic reporting from Embassies and Consulates in Latin American countries; preparation of special studies based on these reports; conduct of official business with representatives of Latin American Governments in Washington.			
2	Dates of employment (month, year) From June 1958 To May 1961	Exact title of position Vice Consul & Consul	Number and kind of employees you supervised 1 (Secretary)
Salary or earnings Starting \$7490 per annum Final \$9900 per annum		Classification Grade (If in Federal service) FSR-4	Place of employment (City & State) Nogales, Mexico & Dept of State
Name and address of employer (firm, organization, etc.) Dept of State, Washington, D.C.		Kind of business or organization (Manufacturing, accounting, insurance, etc.) U.S. Govt	
Name, title, and present address of immediate supervisor Consul Gen Robert Martindale Consul Gen Terrence Leonhardy			
Reason for leaving Accept employment in the Department			
Description of work General duties of a Foreign Service Reserve Officer at the American Consulate in Nogales. Handled a considerable number of protection cases, maintained extensive contacts in the state and national governments, handled political reporting for the consulate. Transferred to Department in July 1959.			
3	Dates of employment (month, year) From July 1954 To May 1956	Exact title of position Foreign Affairs Officer	Number and kind of employees you supervised 2 (Secretary & Clerk)
Salary or earnings Starting \$ 57785 per annum Final \$7785 per annum		Classification Grade (If in Federal service) GS-12	Place of employment (City & State) Washington, D.C.
Name and address of employer (firm, organization, etc.) Dept of Defense Joint Chiefs of Staff		Kind of business or organization (Manufacturing, accounting, insurance, etc.) U.S. Govt	
Name, title, and present address of immediate supervisor Oliver W. Anthony			
Reason for leaving Re-enter Foreign Service			
Description of work Preparation of studies and reports for the military departments and the Joint Chiefs of Staff on Inter-American Defense matters.			

IF YOU NEED ADDITIONAL EXPERIENCE BLOCKS USE STANDARD FORM 57-A OR BLANK SHEETS
SEE INSTRUCTION SHEET

CONTINUATION SHEET FOR STANDARD FORM 57
"Application for Federal Employment"

57-202

INSTRUCTIONS.—Fill out this form only when necessary for completion of item 16, "EXPERIENCE," on Standard Form 57. Enclose with your application. Type or write clearly in dark ink.

1. NAME (First, Middle, Maiden (if any), Last) ROBERT TYLER SHAW	2. DATE OF BIRTH (month, day, year) JUNE 18, 1925
3. KIND OF POSITION APPLIED FOR (or kind of examination) FOREIGN SERVICE	4. DATE OF THIS CONTINUATION SHEET

5. DATES OF EMPLOYMENT (month, year) FROM May 1952 TO July 1954		6. BASIC TITLE OF YOUR POSITION Vice Consul	
7. SALARY OR EARNINGS STARTING \$ PER FINAL \$ PER		8. CLASSIFICATION GRADE (if in Federal Service) FSS-9	9. PLACE OF EMPLOYMENT CITY Guayaquil, STATE Ecuador
10. NAME AND ADDRESS OF EMPLOYER (firm, organization, etc.) Dept of State		11. KIND OF BUSINESS OR ORGANIZATION (manufacturing, accounting, insurance, etc.) U.S. Govt	
12. NAME AND TITLE OF IMMEDIATE SUPERVISOR Consul Gen Paul W. Meyer			
13. REASON FOR LEAVING Position with Dept of Defense			
14. DESCRIPTION OF WORK General duties of a Foreign Service Staff Officer in the Economic and commercial section of the consulate general in Guayaquil. Also performed political reporting functions and assisted in visa and citizenship matters.			

5. DATES OF EMPLOYMENT (month, year) FROM Oct 1949 TO Feb 1952		6. BASIC TITLE OF YOUR POSITION Asst Attache	
7. SALARY OR EARNINGS STARTING \$ FSS-10 PER FINAL \$ FSS-9 PER		8. CLASSIFICATION GRADE (if in Federal Service) FSS-9	9. PLACE OF EMPLOYMENT CITY Washington & Caracas, Ven STATE Government
10. NAME AND ADDRESS OF EMPLOYER (firm, organization, etc.) Dept of State		11. KIND OF BUSINESS OR ORGANIZATION (manufacturing, accounting, insurance, etc.) Government	
12. NAME AND TITLE OF IMMEDIATE SUPERVISOR Ambassadors Donnally, Sparks, Armour			
13. REASON FOR LEAVING General duties of a Foreign Service Staff officer in the Political Section, Embassy Caracas. Preparation of reports for the Department and memoranda for the Ambassador, consultation with officials of the local government and American companies (esp of the petroleum industry operating in Venezuela). Assistance in the Consular Section with visa affairs			

5. DATES OF EMPLOYMENT (month, year) FROM Nov 1947 TO Oct 1949		6. BASIC TITLE OF YOUR POSITION Editor	
7. SALARY OR EARNINGS STARTING \$ 2400 PER SENIOR FINAL \$ 3600 PER S		8. CLASSIFICATION GRADE (if in Federal Service)	9. PLACE OF EMPLOYMENT CITY Cincinnati STATE Ohio
10. NAME AND ADDRESS OF EMPLOYER (firm, organization, etc.) Procter & Gamble		11. KIND OF BUSINESS OR ORGANIZATION (manufacturing, accounting, insurance, etc.) Soap & Chemical manufacture	
12. NAME AND TITLE OF IMMEDIATE SUPERVISOR Carl Prantz		Chief, Personnel Relations	
13. REASON FOR LEAVING Desire for Foreign Service			
14. DESCRIPTION OF WORK Supervision of preparation (compilation through final printing & finding) of sales manuals for entire company sales force. Preparation of aptitude tests and general qualifications questionnaires used by company in recruitment of salesman and administrative employees. Preparation of material for company house magazine. Maintenance of close liaison with other personnel dept. Work with company print shop and private printing establishments.			

ATTACH SUPPLEMENTAL SHEETS OR FORMS HERE

• ANSWER ALL QUESTIONS CORRECTLY AND FULLY

20. SPECIAL QUALIFICATIONS AND SKILLS

A. Kind of license or Certificate (For example, pilot, teacher, registered nurse, lawyer, radio operator, (P.A., etc.))	B. State or other licensing authority	C. Year of first license or certificate	D. Year of latest license or certificate
Private Pilot (Blue Seal, Sel)	FAA	1958	Current
E. Special skills you possess and machines and equipment you can use. (For example, short wave radio, multilink, computer, key punch, turret lathes, transcribing machine, stenotype or professional diction)		F. Approximate number of words per minute:	
		Typing	Shorthand
G. Special qualifications not covered in application. (For example, your most important publications (do not submit copies unless requested); your patents or inventions; public speaking and publications experience; membership in professional or scientific societies; etc.; and honors and fellowships received)			
Writing - Occasional articles on sporting & aviation subjects. Honors - PHI BETA KAPPA (1948)			

21. EDUCATION

A. Place "X" in column indicating highest grade completed												B. If you graduated from high school, give date		C. Name and location of last high school attended					
1	2	3	4	5	6	7	8	9	10	11	12	1943		Bath High School Fairborn, Ohio					
D. Name and location of college or university												Dates attended		Years completed		Credit hours		Degree received	Year received
												From	To	Day	Night	Semester	Quarter		
The Ohio State Univ												1943	1943	2/3					
The Ohio State Univ												1945	1945	2/3		49			
University of Arizona												1945	1947	3		132		BA	1947
E. Chief undergraduate college subjects												Semester Hours Credit	Quarter Hours Credit	F. Chief graduate college subjects				Semester Hours Credit	Quarter Hours Credit
Spanish												35							
History & Poli Sci												26							
G. State major field of study at highest level of college work												Spanish							
H. Other schools of training (for example, trade, vocational, Armed Forces, or business). Give for each the name and location of school, dates attended, subjects studied, certificates, and any other pertinent data.												Jan - May 1944, Camp Callan, Calif. Basic anti-aircraft schooling in fire control, specialization in anti-armor use of AA weapons							

22. FOREIGN TRAVEL

Have you lived or traveled in any foreign countries?

☒ Yes ☐ No

If Yes, give in Item 33 names of countries, dates and length of time spent there and reason or purpose (military service, business, education, or recreation)

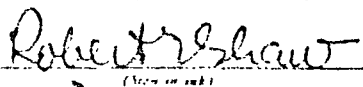
23. FOREIGN LANGUAGES

List foreign language and indicate your knowledge of each by placing "X" in proper column	Reading		Speaking		Understanding		Writing	
	Good	Fair	Good	Fair	Good	Fair	Good	Fair
Spanish	X		X		X		X	
Portuguese	X						X	
French			X					

24. REFERENCES

List three persons living in the United States or territories of the United States who are NOT RELATED TO YOU AND WHO HAVE DEFINITE KNOWLEDGE of your qualifications and fitness for the position for which you are applying. Do not repeat names of supervisors listed under Item 19.

FULL NAME	PRESENT BUSINESS OR HOME ADDRESS (Number, Street, City, Zone, and State)	BUSINESS OR OCCUPATION
Robert C. Hill	Littleton, Vermont 825 5th Ave	Former Ambassador to Mexico
Norman Armour	New York 21, N.Y.	Former Ambassador to Venezuela
Chester H. Kimrey	Deatus Estates Nogales, Arizona	Former Consul at Nogales

DATE OF EMPLOYMENT (month, year)		EXACT TITLE OF YOUR POSITION	
ANSWER ALL QUESTIONS BY PLACING "X" IN PROPER COLUMN			
25. Are you a citizen of the United States of America? If "No," give country of which you are a citizen:	YES	NO	
26. Are you now, or have you ever been, a member of the Communist Party, U.S.A., the Communist Political Association, the Young Communist League, or any Communist organization?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
27. Are you now or have you ever been a member of any foreign or domestic organization, association, movement, group, or combination of persons which is totalitarian, fascist, Communist, or subversive, or which has adopted, or shows, a policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States, or which seeks to alter the form of government of the United States by unconstitutional means? If your answer to 26 and/or 27 above is "Yes," state on a separate sheet attached to and made a part of this application the names of all such organizations, associations, movements, groups or combination of persons and date of membership. Give complete details of your activities therein and make any explanation you desire regarding your membership or activities. (See Instruction Sheet)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
28. Have you any physical handicap, chronic disease, or other disability?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
29. Have you ever had a nervous breakdown?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
30. Have you ever had tuberculosis? If your answer to 28, 29, or 30 above is "Yes," give details in Item 39.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
31. Have you ever been barred by the U.S. Civil Service Commission from taking examinations or accepting civil service appointment? (If your answer is "Yes," give dates of and reasons for such debarment in Item 39.)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
32. Does the United States Government employ in a civilian capacity any relative of yours (by blood or marriage) with whom you live or have lived within the past 24 months? If your answer is "Yes," give in Item 39 for each relative (1) full name; (2) present address; (3) relationship; (4) department or agency by which employed, and (5) kind of appointment.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
33. Do you receive or have you applied for an annuity from the United States or District of Columbia Government under any retirement act or any pension or other compensation for military or naval service? If your answer is "Yes," give details in Item 39.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
34. Are you an official or employee of any State, territory, county, or municipality? If your answer is "Yes," give details in Item 39.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35. Have you ever been discharged (fired) from employment for any reason?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
36. Have you ever resigned (quit) after being informed that your employer intended to discharge (fire) you for any reason? If your answer to 35 or 36 above is "Yes," give details in Item 39. Show the name and address of employer, approximate date, and reason, in each case. This information should agree with statements made in Item 19—Experience.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
37. Have you ever been arrested, taken into custody, held for investigation or questioning, or charged by any law enforcement authority? (You may omit: (1) Traffic violations for which you paid a fine of \$30.00 or less, and (2) anything that happened before your 16th birthday. All other incidents must be included, even though they were dismissed or you merely forfeited collateral.)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
38. While in the military service were you ever arrested for an offense which resulted in a trial by court-martial, special, or general court-martial? If your answer to 37 or 38 is "Yes," give details in Item 39, showing for each incident: (1) date, (2) charge, (3) place, (4) law enforcing authority or type of court or court-martial, and (5) action taken.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
39. SPACE FOR DETAILED ANSWERS TO OTHER QUESTIONS. Indicate item numbers to which answers apply.			
Item No.	22. China — Reside w/parents 1931-34	Item No.	Venezuela/Asst Att/1949-52
	Mexico — Travel since 45, Vice Consul & Consul at Havana 1956-59		Ecuador/Vice Consul/Guayaquil/1952-54
			Visits to Colombia, Panama, Trinidad, Barbados, Brazil, Hawaii, Philippines
			Hong Kong
If more space is required, use full sheets of paper approximately the same size as this page. Write on each sheet your name, date of birth, and exact position title. Attach on inside of this application.			
ATTENTION: READ THE FOLLOWING PARAGRAPH CAREFULLY BEFORE SIGNING THIS APPLICATION A false or dishonest answer to any question in this application may be grounds for rating you ineligible for Federal employment, or for dismissing you after appointment, and may be punishable by fine or imprisonment (U.S. Code, Title 18, Sec. 1001). All statements made in the application are subject to investigation, including a check of your fingerprints, police records, and former employers. All information will be considered in determining your present fitness for Federal employment.			
CERTIFICATION I CERTIFY that all of the statements made in this application are true, complete, and correct to the best of my knowledge and belief and are made in good faith.			
Signature of applicant		Date	
 (Name in ink)		11/2/63	

FORM DS-1032 (Exception to SF 50 approved by CSC and E of B April 22, 1960)		NOTIFICATION OF PERSONNEL ACTION		JOURNAL NUMBER 16	
NAME MR. ROBERT T. SHAW SHAW ROBERT T		SERVICE - DEPARTMENT		FS X	DATE 05-25-61
539700		EMPLOYEE NUMBER		DATE 05-28-52	STATUS I M V
DATE OF BIRTH 06-18-25	DATE APPT. ACTION 04-28-48	SOCIAL SECURITY NO. 05-28-52	LEGAL RESIDENCE BU VA	STATE OF BIRTH AT D.C.	MOBILE ENTRY PSO B 20 20
MARRIED 2		CHILDREN 02	ADULTS 1	15 HRP 009	16 IN BIRTH 25
THIS IS AN OFFICIAL NOTICE OF THE PERSONNEL ACTION DESCRIBED BELOW, WHICH AFFECTS YOUR EMPLOYMENT					
NATURE OF ACTION (USE STANDARD TERMINOLOGY) RESIGNATION FOR PERSONAL REASONS WITHOUT PREJUDICE COB			18 EFFECTIVE DATE OF ACTION MONTH DAY YEAR 05-12-61	19 N.A. CODE 82	20 APPORTIONED POSITION 1 - YES 2 - NO 3 - WAIVED
21 LEGAL AUTHORITY FROM FOREIGN SERVICE RESERVE OFFICER 2333 FSR-04-44-10,945-0-0000-000					
DEPARTMENT GROUP I-C			22 POSITION TITLE 2	23 FULL-STAFFING 1 - YES 2 - NO 2	24 POSITION IS IN THE 1 - COMPETITIVE 2 - EXCEPTED SERVICE 0090250
25 DPL-CONS TITLE 2			26 DPL-CONS TITLE 2	27 PAYROLL CODE 0090250	28 DATE ASSIGNED 7-26-59
29 SCHEDULE - SERIES - GRADE - SALARY - POSITION NUMBER 9-99-03			30 ORGANIZATION DESIGNATION ON POST 0 L FT	31 POS VACATED 1 - REMOVED, 2 - REMAINS 0 L FT	32 DATE ASSIGNED 5
33 CTO & CLASS 02-59	34 MO. YR. GRADE AQ	35 ALLOTMENT -1A-7026	36 RETIREMENT 1 - YES 2 - NO 1	37 EXCEPTED SCHED 1 - YES 2 - NO 2	38 PSN. 40 CITY 12
42 DATE ASSIGNED			43 CTO & CLASS	44 P.S. SALARY \$	45 MONTH AND YR OF GRADE
TO -					
33 CTO & CLASS 02-59			34 MO. YR. GRADE AQ	35 ALLOTMENT -1A-7026	36 RETIREMENT 1 - YES 2 - NO 1
42 DATE ASSIGNED			43 CTO & CLASS	44 P.S. SALARY \$	45 MONTH AND YR OF GRADE
This action is subject to all applicable laws, rules and regulations and may be subject to investigation and approval by the United States Civil Service Commission or the Department. This action may be corrected or canceled if not in accordance with all requirements. The grade of the position to which you are officially assigned may be reviewed and corrected by the Department or by the Civil Service Commission.					
a. Subject to completion of 1 year probationary (or trial) period commencing					
b. Service continuing forward career or permanent to be determined					
REASON - TO ACCEPT OTHER EMPLOYMENT.					
NO LUMP SUM PAYMENT AUTHORIZED FOR LEAVE.					
ADDRESS: C/o FOREIGN SERVICE MAIL ROOM, WASHINGTON, D. C.					
PERSONNEL FOLDER					
Employing Department or Agency DEPARTMENT OF STATE			ALL PERSONNEL FOLDERS ON AMERICAN EMPLOYEES ARE MAINTAINED IN OFFICE OF PERSONNEL - WASHINGTON 25, D. C.		

FORM DS-1031 (Exception to SF-52 approved by CSC and B of B April 27, 1940)				REQUEST NO.		SERVICE		ROUTING		DATE OF REQUEST		EX FS		TRANS	
DEPARTMENT OF STATE				04/21/61		539700		3 EMPLOYEE		3 E.O.D. DATE		3 SOCIAL SECURITY		3	
1 NAME				Mr. Robert T. SHAW		2 EMPLOYEE NUMBER		2		2 E.O.D. DATE		2 SOCIAL SECURITY		2	
4 DATE OF BIRTH		6 SEX		7 APPT. DATE		8 SOCIAL SECURITY NO.		9 LEGAL RESIDENCE		10 STATE OF BIRTH		11 MONTHS EMPLOYED		12 STATUS	
06-18-25		M		04-22-45		05-22-22-55-111		FED VA		ATL GA		-1-24		25	
13 MARITAL STATUS		14 NO. OF DEPENDENTS		15 CHILDREN		16 ADULTS		17		18 UNCL		19 MRF		20	
13		14		15		16		17		18		19		20	
17 NATURE OF ACTION				18 EFFECTIVE DATE				19 NA CODE				20 APPOINTMENT			
Resignation for Personal Reasons Without Prejudice				OF ACTION				S				POSITION			
C.O.B.				05-12-61				18A. PROP. EMP. DATE				1-YES 2-NO 3-WAIVED			
21 LEGAL AUTHORITY															
FROM:															
Foreign Service Reserve Officer								22 POSITION TITLE		23 FULL-STAFFING		24 POSITION IS		25 CODE	
2333								22		23		24		25	
FSR-04-44-10,945-0-0000-000								26 DPL. CONS. TITLE		27 PAYROLL CODE		28 DATE ASSIGNED		29	
Department - Group I-C								26		27		28		29	
30 SCHEDULE - SERIES - GRADE - SALARY - POSITION NUMBER								31 POS. VACATED - 1-REMOVE, 2-REMAINS							
30								31							
32 ORG. POST CODE								33 TENURE							
9-99-03								4-FT							
34 CITY & CLAS.		35 MO. YR. GRADE		36 ALLOTMENT		37 RETIREMENT		38 EXCEPTED SCHED.		39 PSN		40 CITY		41 FSR - PSS	
02-59		Ag		JA-7026		1		12		5		5		5	
42 DATE ASSIGNED				43 C.B.C. CODE				44 P.S. SALARY				45 MONTH & YEAR OF GRADE			
TO:				43				44				45			
22 POSITION TITLE								23 FULL-STAFFING		24 POSITION IS		25 CODE			
22								23		24		25			
26 DPL. CONS. TITLE								27 PAYROLL CODE		28 DATE ASSIGNED		29			
26								27		28		29			
30 SCHEDULE - SERIES - GRADE - SALARY - POSITION NUMBER								31 POS. VACATED - 1-REMOVE, 2-REMAINS							
30								31							
32 ORG. POST CODE								33 TENURE							
9-99-03								4-FT							
34 CITY & CLAS.		35 MO. YR. GRADE		36 ALLOTMENT		37 RETIREMENT		38 EXCEPTED SCHED.		39 PSN		40 CITY		41 FSR - PSS	
02-59		Ag		JA-7026		1		12		5		5		5	
42 DATE ASSIGNED				43 C.B.C. CODE				44 P.S. SALARY				45 MONTH & YEAR OF GRADE			
TO:				43				44				45			
POS. DATA		46 REMOVE		47 ADD		48 NO CHANGE		49 VICE		50 NEW		51 RIF CODE		52 SNAIL CODES	
46		47		48		49		50		51		52		53	
51 REQUESTED BY								52 REQUEST APPROVED							
51								52							
53 CLEARANCES								54 CLEARANCES							
53								54							
55 TRAVEL REQUEST								56 FUNDS AVAILABLE							
55								56							
57 DEPENDENTS								58 DEPENDENTS							
57								58							
Ref: Letter of resignation dated 4/20/61 attached.															
Reasons: EXAMINE To accept other employment.															
FROM: TO: VIA: DETAILS: EFFECTS: C.B.C. EXEMPTED:															
No travel requested															
PER:POD:WFS:bth															

Resignation COB 5/12/61

No lump sum payment authorized for leave.

E. Kathryn Mallow
E. Kathryn Mallow, Chief
Leave and Retirement Section

Address:
c/o Foreign Service Mail Room,
Washington 25, D. C.

TRON, CITE, LEB/BOU

SEPARATION DATA

DESIGNATION

Washington, D.C.
April 20, 1961

The Honorable
The Secretary of State
Washington, D.C.

Dear Mr. Secretary:

It is with great regret that I submit my resignation from
The Foreign Service to accept other employment.

I have enjoyed my years with the Service and the fine
people comprising it and hope that at some future time I may
be able to return to the Service.

Respectfully,

RT Shaw

Robert T. Shaw
Foreign Service Reserve Officer

5-12-61

A1950 SHAW ROBERT Y

FSR- 4 FROM 19175 TO 10965 PAY RAISE 6374 20000 PLEASE

DEPARTMENT OF STATE
PAY ROLL CHANGE SLIP

POST	ORG. CODE	POSITION NO.	APPR. & ALLOT.	EFFECTIVE DATE	DATE OF LAST SALARY INCREASE
DEPARTMENT	0011		1A-7025	7-1-60	2-50
EMPLOYEE'S NAME	EMPLOYEE NO.	CATG. & CLASS SERV. & GRADE	NEW SALARY RATE	OLD SALARY RATE	
SHAW ROBERT Y	A1950	FSR-4	110,175	57,000	

LWOP DATA (fill in appropriate box as indicated by LWOP being followed by):

☐ NO EXCESS LWOP TOTAL EXCESS LWOP

☐ IN PAY STATUS AT END OF WAITING PERIOD

☐ IN LWOP STATUS AT END OF WAITING PERIOD

☐ Oil or Strap-Increase

☐ Pay Adjustment

REMARKS

Performance rating satisfactory or better

J.J. 2072

Signature of officer submitting

RECORDING COPY

DEPARTMENT OF STATE
WASHINGTON 25, D. C.

NOTIFICATION OF PERSONNEL ACTION

1. NAME (Last, first, middle initial, and surname) Mr. Robert T. Shaw		2. DATE OF BIRTH 6-18-25	3. JOURNAL OR ACTION NO. FA-54	4. DATE 7-21-59
5. NATURE OF ACTION (Use standard terminology) Transfer		6. EFFECTIVE DATE 7-26-59	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY	
FROM:		TO:		
Political Officer 1-1011-009 Consul FSR-4 \$9900 Mogales		Foreign Service Reserve Officer FSR-4 \$9900 Department		
<input type="checkbox"/> FIELD <input type="checkbox"/> Regular		<input type="checkbox"/> DEPARTMENTAL <input type="checkbox"/> Resident <input type="checkbox"/> Non-US		
12. VETERAN'S PREFERENCE		14. POSITION CLASSIFICATION ACTION		
NONE <input type="checkbox"/> 5 PT <input type="checkbox"/> 10 POINT <input type="checkbox"/> Other <input type="checkbox"/>		NEW <input type="checkbox"/> VICE <input type="checkbox"/> I. A. <input type="checkbox"/> REAL <input type="checkbox"/>		
13. SEX <input checked="" type="checkbox"/> M		17. RETIREMENT COVERAGE X OSC <input type="checkbox"/> FS <input type="checkbox"/> FICA <input type="checkbox"/> NONE <input type="checkbox"/>		18. DATE OF APPOINTMENT AFFIDAVITS (Accession Only)
16. APPROPRIATION FROM OA-4011 TO OA-3025		19. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:		
20. This action is subject to all applicable laws, rules and regulations and may be subject to investigation and approval by the United States Civil Service Commission or the Department				
ENTRANCE PERFORMANCE RATING				
21. SIGNATURE AND SYMBOL AUTHENTICATION				

PERSONNEL FOLDER

Form DB-1031 Exception to SF-52 Approved by the Bureau of the Budget May 1954		ROUTING 1. WROS 1-16 2. ARA 1-16 3. AAB 1-16		4. T-1-16 5. 3 6. TRANS 7. 10 8. 11		SERVICE 100 <input type="checkbox"/> DPTL																																							
DEPARTMENT OF STATE REQUEST FOR PERSONNEL ACTION																																													
1. NAME (Mr.-Mrs.-One given name, initial (s), and surname) Mr. Robert T. SHAW		2. DATE OF BIRTH 6-18-25		3. REQUEST NO.		4. DATE OF REQUEST 3-26-59																																							
5. NATURE OF ACTION REQUESTED A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) Direct Transfer to the Department (DT-11) B. POSITION (Specify whether establish, change grade or title, etc.)				6. EFFECTIVE DATE A. PROPOSED: TDR B. APPROVED: 7-26-59		7. C.B. OR OTHER LEGAL AUTHORITY																																							
FROM: Political Officer 1-1011-009 Consul FSR-4 \$9900 DS-1032 Journalized Hogales Date 2/29/59 <input type="checkbox"/> FIELD <input type="checkbox"/> REGULAR <input type="checkbox"/> DEPARTMENTAL <input type="checkbox"/> RESIDENT		9. POSITION TITLE AND NUMBER Diplomatic or Consular Title 10. SCHEDULE, SERIES NO., GRADE, SALARY FSR-4 \$9900 11. ORGANIZATIONAL DESIGNATIONS Post 12. HEADQUARTERS Department 13. DE CATEGORY PSS Category		TO: Foreign Service Reserve Officer FSR-4 \$9900 Department <input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL <input type="checkbox"/> REGULAR <input type="checkbox"/> RESIDENT																																									
14. VETERAN PRECEDENCE NONE 9-PT. 10-PT. 11-PT. <input type="checkbox"/> NONE <input type="checkbox"/> 9-PT. <input type="checkbox"/> 10-PT. <input type="checkbox"/> 11-PT.		15. FULL STAFFING ALLOTMENT <input type="checkbox"/> YES <input type="checkbox"/> NO DI		16A. POSITION CLASSIFICATION ACTION <input type="checkbox"/> NEW <input type="checkbox"/> VICE <input type="checkbox"/> I.A. <input type="checkbox"/> REAL Group I-e																																									
18. SEX M		19. APPROPRIATION FROM: 9A-4011 TO: 9A-3025		17. RETIREMENT COVERAGE <input checked="" type="checkbox"/> DEC <input type="checkbox"/> PS <input type="checkbox"/> FICA <input type="checkbox"/> NONE		18. DATE OF APPOINTMENT AFFIDAVIT (Accessions only)																																							
20. RESERVE STATUS <input type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE		21. MARITAL STATUS <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/> WIDOWED <input type="checkbox"/> WIDOW <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED		19. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:																																									
22. REQUESTED BY (Name and title) TJudd, Chief, WROS - 1-1011-009				23. REQUEST APPROVED BY Signature and title DPD WWS, Asst. Chief, PER/POD																																									
24. CLEARANCES		INITIAL OR SIGNATURE		DATE		DATE																																							
A.																																													
B. CIL OF POS. CONTROL																																													
C. CLASSIFICATION																																													
D. APPROVED BY																																													
E. APPROVED BY																																													
F. APPROVED BY																																													
REMARKS																																													
<table border="1"> <tr> <td rowspan="5">EFFECT CLASS</td> <td>EXPIRATION DATE</td> <td>PER/TO ENCUMBRANCE FUNDS AVAILABLE</td> <td>PER/TO ENCUMBRANCE FUNDS AVAILABLE</td> <td>FROM</td> <td>TO</td> </tr> <tr> <td></td> <td></td> <td></td> <td>Hogales</td> <td>Washington, DC</td> </tr> <tr> <td></td> <td></td> <td></td> <td>VIA</td> <td>DETAILS BRANCH</td> </tr> <tr> <td></td> <td></td> <td></td> <td>NO. LBS. SEC. BAGGAGE AUTH</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>SHIPMENT OF EFFECTS</td> <td></td> </tr> <tr> <td colspan="2">TOTAL</td> <td colspan="2"></td> <td>FROM: Hogales</td> <td>TO: Washington, DC</td> </tr> <tr> <td colspan="2">T.O. DATE</td> <td colspan="2">T.O. NO.</td> <td colspan="2"></td> </tr> </table>								EFFECT CLASS	EXPIRATION DATE	PER/TO ENCUMBRANCE FUNDS AVAILABLE	PER/TO ENCUMBRANCE FUNDS AVAILABLE	FROM	TO				Hogales	Washington, DC				VIA	DETAILS BRANCH				NO. LBS. SEC. BAGGAGE AUTH					SHIPMENT OF EFFECTS		TOTAL				FROM: Hogales	TO: Washington, DC	T.O. DATE		T.O. NO.			
EFFECT CLASS	EXPIRATION DATE	PER/TO ENCUMBRANCE FUNDS AVAILABLE	PER/TO ENCUMBRANCE FUNDS AVAILABLE	FROM	TO																																								
				Hogales	Washington, DC																																								
				VIA	DETAILS BRANCH																																								
				NO. LBS. SEC. BAGGAGE AUTH																																									
				SHIPMENT OF EFFECTS																																									
TOTAL				FROM: Hogales	TO: Washington, DC																																								
T.O. DATE		T.O. NO.																																											
REMARKS Authorize travel and full shipment of effects as indicated. ETD 5/30 ROD 4/15/59 PER:POD:WROS: [initials] TDR																																													

14

Form DS-1032
Exception to 29-60
Approved by the
Bureau of the Budget
May 1954

DEPARTMENT OF STATE
WASHINGTON 25, D. C.

NOTIFICATION OF PERSONNEL ACTION

SERIAL

A1950

☒ FS ☐ DFTL

1. NAME (Mr., Mrs., Miss, given name, middle initial and surname) Mr. Robert T. Shaw		2. DATE OF BIRTH 6-18-25	3. JOURNAL OR ACTION NO. FS -107	4. DATE 2-19-59
This is to notify you of the following action affecting your employment:				
5. NATURE OF ACTION (Use standard terminology) Promotion		6. EFFECTIVE DATE 2-22-59	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY	
FROM:		TO:		
PSR-5 \$8965		Political Officer		
		Consul		
		PSR-4 \$9900		
		Nogales		
<input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL <input type="checkbox"/> Regular <input type="checkbox"/> Resident <input type="checkbox"/> Non-US		<input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL <input type="checkbox"/> Regular <input type="checkbox"/> Resident <input type="checkbox"/> Non-US		
13. VETERAN'S PREFERENCE NONE <input type="checkbox"/> 5-PT <input type="checkbox"/> 10-POINT <input type="checkbox"/> Disab. <input type="checkbox"/> Other <input type="checkbox"/>		14. POSITION CLASSIFICATION ACTION NEW <input type="checkbox"/> VICE <input type="checkbox"/> I. A. <input type="checkbox"/> REAL <input type="checkbox"/>		
15. SEX M	16. APPROPRIATION FROM TO 9A-4011	17. RETIREMENT COVERAGE CSG <input type="checkbox"/> FS <input type="checkbox"/> <input type="checkbox"/> SICA <input type="checkbox"/> NONE <input type="checkbox"/>		18. DATE OF APPOINTMENT AFFIDAVIT (Accessions Only) <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:
19. This action is subject to all applicable laws, rules and regulations and may be subject to investigation and approval by the United States Civil Service Commission or the Department.				
20. SIGNATURE OF DULLES AUTHORITY				
21. SIGNATURE OF DULLES AUTHORITY				

ENTRANCE PERFORMANCE RATING

Form DB-1031 Exemption to SF-53 Approved by the Bureau of the Budget May 1954		ROUTING 1. WROS 2. ARA 3. AAB		4. 12/5/54 5. 3 6. TRANS 7. 11		SERVICE EX- <input type="checkbox"/> DPTL																																														
DEPARTMENT OF STATE REQUEST FOR PERSONNEL ACTION																																																				
1. NAME (Mr.-Mrs.-One given name, initial (s), and surname) Mr. Robert T. SHAW		2. DATE OF BIRTH 6-18-25		3. REQUEST NO.		4. DATE OF REQUEST 3-26-59																																														
5. NATURE OF ACTION REQUESTED A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) Direct Transfer to the Department (DT-f11) B. POSITION (Specify whether establish, change grade or title, etc.)				6. EFFECTIVE DATE A. PROPOSED TDR B. APPROVED 7-26-59		7. C.S. OR OTHER LEGAL AUTHORITY																																														
FROM--Political Officer 1-1011-009 Consul FSR-4 \$9900 Journalized DS-1032 Nogales Date 2/20/59 BY [Signature]		8. POSITION TITLE AND NUMBER Diplomatic or Consular Title 9. SCHEDULE, SERVICE, GRADE, BAGGAGE FSR-4 \$9900 10. ORGANIZATIONAL DESIGNATIONS Post 11. HEADQUARTERS Department 12. DE CATEGORY FSS-Category		TO-- Foreign Service Reserve Officer FSR-4 \$9900 Department																																																
13. VETERAN PRECEDENCE NONE <input type="checkbox"/> 5-PT. <input type="checkbox"/> 10-PT. <input type="checkbox"/> OTHER <input type="checkbox"/>		14. FULL STAFFING ALLOTMENT <input type="checkbox"/> YES <input type="checkbox"/> NO		15A. POSITION CLASSIFICATION/ACTION <input type="checkbox"/> NEW <input type="checkbox"/> VICE <input type="checkbox"/> REAL <input type="checkbox"/> I.A. Group I-c																																																
16. ONE M		16. APPROPRIATION FROM: 9A-4011 TO: 9A-3025		17. RETIREMENT <input checked="" type="checkbox"/> DC <input type="checkbox"/> PS <input type="checkbox"/> FICA <input type="checkbox"/> NONE		18. DATE OF APPOINTMENT AFFIDAVIT (Accessions only)																																														
19. RESERVE STATUS <input type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE		20. MARITAL STATUS <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/> WIDOWED <input type="checkbox"/> WIDOW <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED		21. REQUEST APPROVED BY Signature and title TJudd, Chief, WROS - T M Judd DPDowns, Asst. Chief, FSR/POD																																																
22. CLEARANCES A. <input type="checkbox"/> B. <input type="checkbox"/> C. <input type="checkbox"/>		23. INITIAL OR SIGNATURE DATE		24. CLEARANCES D. <input type="checkbox"/> E. <input type="checkbox"/>		25. INITIAL OR SIGNATURE DATE																																														
26. CEIL. OR POS. CONTROL		27. SIGNATURE		28. APPROVED BY AAB		29. DATE 3/31/59																																														
REMARKS																																																				
<table border="1"> <tr> <td rowspan="5">REQUEST FOR TRAVEL AUTHORIZATION</td> <td>OBJECT CLASS</td> <td>ESTIMATED COST</td> <td>PER/FC ENCUMBRANCE FUNDS AVAILABLE</td> <td>DEP. OF DEPENDENTS AND DATES OF DEPARTS OF CHILDREN UNDER 21</td> <td>FROM Nogales</td> <td>TO Washington, DC</td> </tr> <tr> <td></td> <td></td> <td>APPR.</td> <td>W: Janet</td> <td>VIA</td> <td>DETAILS ENROUTE</td> </tr> <tr> <td></td> <td></td> <td>ALLOT.</td> <td>D: Barbara 7/52</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>COLIS. NO.</td> <td>S: Richard 9/55</td> <td>NO LBS. EXCESS BAGGAGE AUTH.</td> <td></td> </tr> <tr> <td></td> <td></td> <td>DATE</td> <td>S: Thomas 9/55</td> <td></td> <td></td> </tr> <tr> <td colspan="2">TOTAL</td> <td colspan="2">SIGNATURE</td> <td colspan="3">SHIPMENT OF EFFECTS FROM: Nogales TO: Washington, DC</td> </tr> <tr> <td colspan="2">T. O. DATE</td> <td colspan="2">T. O. NO.</td> <td colspan="3"></td> </tr> </table>								REQUEST FOR TRAVEL AUTHORIZATION	OBJECT CLASS	ESTIMATED COST	PER/FC ENCUMBRANCE FUNDS AVAILABLE	DEP. OF DEPENDENTS AND DATES OF DEPARTS OF CHILDREN UNDER 21	FROM Nogales	TO Washington, DC			APPR.	W: Janet	VIA	DETAILS ENROUTE			ALLOT.	D: Barbara 7/52					COLIS. NO.	S: Richard 9/55	NO LBS. EXCESS BAGGAGE AUTH.				DATE	S: Thomas 9/55			TOTAL		SIGNATURE		SHIPMENT OF EFFECTS FROM: Nogales TO: Washington, DC			T. O. DATE		T. O. NO.				
REQUEST FOR TRAVEL AUTHORIZATION	OBJECT CLASS	ESTIMATED COST	PER/FC ENCUMBRANCE FUNDS AVAILABLE	DEP. OF DEPENDENTS AND DATES OF DEPARTS OF CHILDREN UNDER 21	FROM Nogales	TO Washington, DC																																														
			APPR.	W: Janet	VIA	DETAILS ENROUTE																																														
			ALLOT.	D: Barbara 7/52																																																
			COLIS. NO.	S: Richard 9/55	NO LBS. EXCESS BAGGAGE AUTH.																																															
			DATE	S: Thomas 9/55																																																
TOTAL		SIGNATURE		SHIPMENT OF EFFECTS FROM: Nogales TO: Washington, DC																																																
T. O. DATE		T. O. NO.																																																		
REMARKS Authorize travel and full shipment of effects as indicated. ETD 5/30 FOD [Signature] PER: POD: WROS: [Signature]																																																				

Form DS-1613
Exception to SF-50
Approved by the
Bureau of the Budget
May 1954

DEPARTMENT OF STATE
WASHINGTON 25, D. C.

NOTIFICATION OF PERSONNEL ACTION

A1950

SERVICE

☒ PS ☐ DPTL

1. NAME (Mr., Mrs., Miss, One given name, initial(s) and surname) Mr. Robert T. Shaw	2. DATE OF BIRTH 6-18-25	3. JOURNAL OR ACTION NO. PS -107	4. DATE 2-19-59
--	------------------------------------	--	---------------------------

This is to notify you of the following action affecting your employment:

5. NATURE OF ACTION (Use standard terminology) Promotion	6. EFFECTIVE DATE 2-22-59	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY
--	-------------------------------------	---

FROM: FSR-5 \$8965	8. POSITION TITLE Political Officer Consul	TO: FSR-4 \$9900
	9. SCHEDULE, SERIES NO., GRADE, SALARY	
	10. ORGANIZATIONAL DESIGNATIONS Poa	
	11. HEADQUARTERS Nogales	
<input type="checkbox"/> FIELD <input type="checkbox"/> Regular	<input type="checkbox"/> DEPARTMENTAL <input type="checkbox"/> Resident	<input type="checkbox"/> Non-US
	12. DS CATEGORY FS Category	<input type="checkbox"/> FIELD <input type="checkbox"/> Regular
		<input type="checkbox"/> DEPARTMENTAL <input type="checkbox"/> Resident
		<input type="checkbox"/> Non-US

13. VETERAN'S PREFERENCE		14. POSITION CLASSIFICATION ACTION	
NONE	5-PT	NEW	VICE
	10-POINT		
	Disab.		
	Other		
15. SEX M	16. APPROPRIATION 9A-4011	17. RETIREMENT COVERAGE CSB	18. DATE OF APPOINTMENT 038
		<input type="checkbox"/> FS	<input type="checkbox"/> PS
		<input type="checkbox"/> FICA	<input type="checkbox"/> NONE
			19. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVEN
			DATE:

20. This action is subject to all applicable laws, rules and regulations and may be subject to investigation and approval by the United States Civil Service Commission or the Department.

URGENT

10104000 PERSONNEL ACTION

11 114-5-47 50 DATES AUTHORITY

DEPARTMENT OF STATE		Organization Code		Pay Roll Period		Block No.		Step No.						
NOGALES		AL-50		9										
Employee's Name				Grade and Salary		Prepared		Audited by						
SHAW ROBERT T				FSR 5 2000										
PAY ROLL CHANGE DATA														
	A. Base Non-Fica	C. Prom. Non-Fica	B. Base Fica	D. Prom. Fica	F. C.S.R.	U. F.S.R.	T. F.S.V.	G. Fed. Tax	BOND H. Ded. J. Ret.	P. State Tax	E. Fica	V. Other	S. Life Insurance	Not Pay
P. N.														
N. N.														
P. P.														
P. P.														
App.														
Alt.														
REMARKS:														
<input type="checkbox"/> Periodic step-increase <input type="checkbox"/> Pay adjustment <input type="checkbox"/> Other step-increase														
Effective date	Date last equivalent increase	Old salary rate	New salary rate	Performance rating satisfactory or not										
7-1-36	7-27	2600	2900	<div style="text-align: center; font-size: 2em; font-weight: bold;">WILLIAM STUART</div>										
LWOP data (fill in appropriate spaces covering LWOP during following periods):				(Check applicable box in case of excess LWOP)										
				<input type="checkbox"/> In pay status at end of waiting period. <input type="checkbox"/> In LWOP status at end of waiting period.										
<input type="checkbox"/> No excess LWOP. Total excess LWOP				Initials of Clerk										
DS-1042a Form approved by Comp. Gen., U.S., June 29, 1934														

PAY ROLL CHANGE SLIP—PERSONNEL COPY

SHAW ROBERT T

PAY RAISE 25TH CONGRESS FOR A FROM 2000 TO 2900

**CIVIL OFFICER
APPOINTMENT AFFIDAVITS**
(As defined in 5 USC 21a and 21b)

PER 215

I, Robert Tyler Shaw (Name in full) (-Arizona) Virginia (State)

do solemnly swear (or affirm) that

A. OATH OF OFFICE

I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely without any mental reservation or purpose of evasion; that I will well and faithfully discharge the duties of the office on which I am about to enter, **SO HELP ME GOD.**

B. AFFIDAVIT AS TO SUBVERSIVE ACTIVITY AND AFFILIATION

I am not a Communist or Fascist. I do not advocate nor am I knowingly a member of any organization that advocates the overthrow of the constitutional form of the Government of the United States, or which seeks by force or violence to deny other persons their rights under the Constitution of the United States. I do further swear (or affirm) that I will not so advocate, nor will I knowingly become a member of such organization during the period that I am an employee of the Federal Government or any agency thereof.

C. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

I am not participating in any strike against the Government of the United States or any agency thereof, and I will not so participate while an employee of the Government of the United States or any agency thereof. I do not and will not assert the right to strike against the Government of the United States or any agency thereof while an employee of the Government of the United States or any agency thereof. I do further swear (or affirm) that I am not knowingly a member of an organization of Government employees that asserts the right to strike against the Government of the United States or any agency thereof and I will not, while an employee of the Government of the United States or any agency thereof, knowingly become a member of such an organization.

D. AFFIDAVIT AS TO PURCHASE AND SALE OF OFFICE

I have not, nor has anyone acting in my behalf, given, transferred, promised or paid any consideration for or in expectation or hope of receiving assistance in securing such appointment.

Robert Tyler Shaw
(Type name of appointee)

(Signature of appointee)

Subscribed and sworn before me this 19th day of August, A. D. 1957.

at Nogales, Sonora, Mexico.

Service No. 22863

Item No. 58

Post Nil

(SHAW)

(CAP)

(SHAW)

Charles H. Kirey

(Signature of officer)

Charles H. Kirey

American Consul

Consul of the United States of America

Department of State

(Department of State)

Foreign Service of the U.S., Nogales, Sonora, Mexico

(Signature of official)

(Title of appointing officer)

Consul of the United States of America

(Signature of appointing officer)

August 5, 1957

(Date of appointment)

NOTE--If the oath is taken before a Notary Public, the date of expiration of his commission should be shown.

Form DS-1032
Exception to SF-50
Approved by the
Bureau of the Budget
May 1954

DEPARTMENT OF STATE
WASHINGTON 25, D. C.

NOTIFICATION OF PERSONNEL ACTION

		SERVICE <input checked="" type="checkbox"/> FS <input type="checkbox"/> DTPL	
1. NAME (Mr., Miss, Mrs., One given name, initial(s) and surname) Mr. Robert T. Shaw	2. DATE OF BIRTH 6-18-25	3. JOURNAL OR ACTION NO. FS -49	4. DATE 8-12-57
This is to notify you of the following action affecting your employment:			
5. NATURE OF ACTION (Use standard terminology) Change of Consular Title	6. EFFECTIVE DATE 8-5-57	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY	
FROM: Political Officer Vice Consul		TO: Political Officer Consul	
8. POSITION TITLE <i>Diplomatic or Consular Title</i>		9. SCHEDULE, SERIES NO., GRADE, SALARY FSR-5 07900 8425	
10. ORGANIZATIONAL DESIGNATIONS Post		11. HEADQUARTERS Baguio	
12. DS CATEGORY FS Category		13. FIELD <input type="checkbox"/> DEPARTMENTAL <input type="checkbox"/> <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Resident <input type="checkbox"/> Non-US	
14. VETERAN'S PREFERENCE NONE <input type="checkbox"/> 10-PTST <input type="checkbox"/> Black <input type="checkbox"/> Other <input type="checkbox"/>		15. POSITION CLASSIFICATION ACTION NEW <input type="checkbox"/> VICE <input type="checkbox"/> L <input type="checkbox"/> A <input type="checkbox"/> REAL <input type="checkbox"/> 1-1011-009	
16. BY 8	17. APPROPRIATION FROM 84-8011	18. AFFIDAVIT OF SALARY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> FIELD <input type="checkbox"/> DORS	19. DATE OF AFFIDAVIT (A-10000) (Only) 8-5-57
20. CIVIL SERVICE OR OTHER LEGAL AUTHORITY <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVIDED STATE Va.			

This action is subject to all applicable laws, rules and regulations and may be subject to investigation and approval by the United States Civil Service Commission or the Department.

Initiated: **7-7-57**
Confirmed: **8-5-57**
Attested: **8-5-57**

Execute SF-61a as Consul of the USA in accordance with 1 FAM-IV 124.

L. L. COMLES

PERSONNEL FOLDER

PERSONNEL FOLDER

DEPARTMENT OF STATE		Organization Code		Pay Roll Period		Block No.		Map No.						
FOGALRS		8485												
Employee's Name		89712		Grade and Salary		Prepared by		Audited by						
ROBERT T. SHAW				VPR-5 \$7,900										
PAY ROLL CHANGE DATA														
	A Emp New Pay	C Pen New Pay	B Emp Old Pay	D Pen Old Pay	E CSA	F PSA	G PSV	H Ten	I LWC N. Chd. A. Pay	J Duty Ten	K Fed	L Other	M Life Insurance	N Net Pay
P														
N														
P														
P														
Age														
AS														
REMARKS:										<div style="border: 2px solid black; padding: 5px; transform: rotate(-5deg); display: inline-block;"> D-P PUNCHED </div>				
<input checked="" type="checkbox"/> Periodic step-increase <input type="checkbox"/> Pay adjustment <input type="checkbox"/> Other description										<div style="border: 1px solid black; padding: 5px; display: inline-block;"> L. COULLES </div>				
Effective Date		Date last increased		Old salary rate		New salary rate		Performance rating						
7/1/57		3/17/56		\$7,650		\$7,900								
<input type="checkbox"/> No excess (WOP) Total excess (WOP)										<input type="checkbox"/> Check applicable box in case of excess (WOP). <input type="checkbox"/> In pay status at end of waiting period. <input type="checkbox"/> In (WOP) status at end of waiting period.				
PS-1012 Form approved by Comp. Gen., U.S., June 20, 1954										PAY ROLL CHANGE SLIP - EMPLOYEE'S COPY				

SALARY ADJ EFF 7-28-56 PL028 CA 1166 9-7-56
SHAW ROBERT T FPR 4 7490 PSP 5 7650

STANDARD FORM 118
BUREAU OF THE BUDGET
FORM APPROVED BY THE COMP. GEN., U.S.
JUNE 15, 1950
U.S. CIVIL SERVICE COMMISSION
P. P. H. CHAPTER 46

CIVIL OFFICER
APPOINTMENT AFFIDAVITS
(As defined in 5 USC 31a and 31b)
RECEIVED

1. ROBERT TYLER SHAW WASHINGTON D.C.
(Name in full) (State)
1950 AUG 21 PM 10 25

do solemnly swear (or affirm) that

A. OATH OF OFFICE

PERSONNEL FILES

I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely without any mental reservation or purpose of evasion; that I will well and faithfully discharge the duties of the office on which I am about to enter, SO HELP ME GOD.

B. AFFIDAVIT AS TO SUBVERSIVE ACTIVITY AND AFFILIATION

I am not a Communist or a Fascist. I do not advocate nor am I a member of any organization that advocates the overthrow of the Government of the United States by force or violence or other unconstitutional means, or seeking by force or violence to deny other persons their rights under the Constitution of the United States. I do further swear (or affirm) I will not so advocate, nor will I become a member of such organization during the period that I am an employee of the Federal Government.

C. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

I am not engaged in any strike against the Government of the United States and that I will not so engage while an employee of the Government of the United States; that I am not a member of an organization of Government employees that asserts the right to strike against the Government of the United States, and that I will not, while a Government employee, become a member of such an organization.

D. AFFIDAVIT AS TO PURCHASE AND SALE OF OFFICE

I have not, nor has anyone acting in my behalf, given, transferred, promised or paid any consideration for or in expectation or hope of receiving assistance in securing such appointment.

Robert Tyler Shaw
(Type name of appointee)

Robert Tyler Shaw
(Signature of appointee)

Subscribed and sworn before me this 14th day of August, A. D. 1950.

at Nogales, Sonora, Mexico
(City) (State)

Chester H. Kiersey
(Signature of official)

Chester H. Kiersey
Consul of the United States of America
(Title)

[SEAL]

Service No. 2952
Item 1d, No Fee Prescribed.

Department of State
(Department of State)

Foreign Service
(Department of State)

Nogales, Sonora, Mexico
(Place of appointment)

Vice Consul
(Position of appointee)

July 21, 1950
(Date of appointment)

NOTE: If the oath is taken before a Notary Public, the date of expiration of his commission should be shown.

Form 03-1033
Exception to SF-50
Approved by the
Bureau of the Budget
May 1954

DEPARTMENT OF STATE
WASHINGTON 25, D. C.

NOTIFICATION OF PERSONNEL ACTION

SERVICE

☒ PS ☐ DFTL

1. NAME (Mr., Mrs., One given name, initial, and surname) Mr. Robert T. Shaw		2. DATE OF BIRTH 6-18-25	3. JOURNAL OR ACTION NO. PS 148	4. DATE 7-27-56
This is to notify you of the following action affecting your employment:				
5. NATURE OF ACTION (Use standard terminology) Granting of Consular Title		6. EFFECTIVE DATE 7-21-56	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY	
FROM: Political Officer		TO: Political Officer Vice Consul		
9. SCHEDULE, SERIES NO., GRADE, SALARY PSR-4 \$7,490		10. ORGANIZATIONAL DESIGNATIONS Nogales		
11. HEADQUARTERS <input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL <input type="checkbox"/> Regular <input type="checkbox"/> Resident <input type="checkbox"/> Non-US		12. DS CATEGORY <input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL <input type="checkbox"/> Regular <input type="checkbox"/> Resident <input type="checkbox"/> Non-US		
13. VETERAN'S PREFERENCE NONE <input type="checkbox"/> 5-PT <input type="checkbox"/> 10-POINT Other <input checked="" type="checkbox"/> X		14. POSITION CLASSIFICATION ACTION NEW <input checked="" type="checkbox"/> VICE <input type="checkbox"/> I. A. REAL <input type="checkbox"/>		
15. SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F		16. DATE OF APPOINTMENT AFFIDAVIT (Accessions Only) 1-10-11-009		
17. APPROPRIATION FROM DA 9011		18. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE: VA		
19. This action is subject to all applicable laws, rules and regulations and may be subject to investigation and approval of the United States Civil Service Commission or the Department.				
Nominating: 7-17-56. Confirmed: 7-21-56. Attested: 7-21-56.				
Execute SF-61a in accordance with 1 PCM IV 124 as Vice Consul of the USA.				
ENTRANCE PERFORMANCE RATING				
21. SIGNATURE OR OTHER AUTHENTICATION				

PERSONNEL FOLDER

4070 100 3347A

Form DS-155- Exception to SF 52 Approved by the Bureau of the Budget May 1956		DEPARTMENT OF STATE REQUEST FOR PERSONNEL ACTION		PER/EM 112 ARA 4/30 PER-Green 5/1		AAB 5-31 TRANS		SERVICE XIX <input type="checkbox"/> XVI	
1. NAME (Mr. Miss Mrs. (use given name, initial(s), and surname) Mr. Robert T. SHAW				2. DATE OF BIRTH 6-18-25		3. REQUEST NO.		4. DATE OF REQUEST 6-27-56	
5. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) Granting of Consular Title B. POSITION (Specify whether establish, change grade or title, etc.)				6. EFFECTIVE DATE A. PROPOSED: ASAP B. EXPIRED: 7-21-56		7. U.S. OR OTHER LEGAL AUTHORITY			
FROM: Political Officer (Vice Consul when confirmed)				8. POSITION TITLE AND NUMBER Diplomatic or Consular Title 9. SCHEDULE, SERIES NO., GRADE, SALARY 10. ORGANIZATIONAL DESIGNATIONS 11. HEADQUARTERS 12. DS CATEGORY FSS Category		TO: Political Officer Vice Consul		<i>approved as an exception</i> PSR-4 \$7490 5/1/56 Negales	
<input type="checkbox"/> FIELD <input type="checkbox"/> RESIDENT <input type="checkbox"/> DEPARTMENTAL <input type="checkbox"/> RESIDENT				<input type="checkbox"/> FIELD <input type="checkbox"/> REGULAR <input type="checkbox"/> DEPARTMENTAL <input type="checkbox"/> RESIDENT					
13. VETERAN'S PREFERENCE NONE <input type="checkbox"/> 5PT <input type="checkbox"/> 10PT <input type="checkbox"/> 15PT <input type="checkbox"/> 20PT Yes				14. POSITION CLASSIFICATION ACTION NEW <input checked="" type="checkbox"/> VICE <input type="checkbox"/> I. A. REAL <input type="checkbox"/>		15. DATE OF APPOINTMENT AFFIDAVIT (Accessions only)		16. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE: Va.	
17. RETIREMENT COVERAGE <input checked="" type="checkbox"/> VICA <input type="checkbox"/> PS <input type="checkbox"/> NONE				18. MARITAL STATUS <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED		19. REQUEST APPROVED BY Signature and title Charles W. Bass PER/EM Charles W. Bass		20. CLEARANCES INITIAL OR SIGNATURE DATE	
21. DESERVES GRADE None <input type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE				22. PLACEMENT OR EMPL.		23. APPROVED BY PER/EM 112		24. REMARKS: 7-17-56 7-21-56 7-21-56 Presidential Commission Necessary.	
25. TRAVEL AUTHORIZATION CLASS <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 DATE <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 F. O. NO.				26. REMARKS: No travel involved.		27. REMARKS: Exempt SF-61 as accordance with 1 FPM-24. 124 as Vice Consul of the USA		28. REMARKS: PERSONNEL FILED AM 30 53	

**CIVIL OFFICER
APPOINTMENT AFFIDAVITS**
(As defined in 5 USC 31a and 31b)

I, Robert T. Shaw, Virginia
(Name in full) (State)
do solemnly swear (or affirm) that

A. OATH OF OFFICE

I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely without any mental reservation or purpose of evasion; that I will well and faithfully discharge the duties of the office on which I am about to enter, SO HELP ME GOD.

B. AFFIDAVIT AS TO SUBVERSIVE ACTIVITY AND AFFILIATION

I am not a Communist or a Fascist. I do not advocate nor am I a member of any organization that advocates the overthrow of the Government of the United States by force or violence or other unconstitutional means, or seeking by force or violence to deny other persons their rights under the Constitution of the United States. I do further swear (or affirm) I will not so advocate, nor will I become a member of such organization during the period that I am an employee of the Federal Government.

C. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

I am not engaged in any strike against the Government of the United States and that I will not so engage while an employee of the Government of the United States; that I am not a member of an organization of Government employees that asserts the right to strike against the Government of the United States; and that I will not, while a Government employee, become a member of such an organization.

D. AFFIDAVIT AS TO PURCHASE AND SALE OF OFFICE

I have not, nor has anyone acting in my behalf, given, transferred, promised or paid any consideration for or in expectation or hope of receiving assistance in securing such appointment.

Robert T. Shaw

(Type name of appointee)

R. Shaw
(Signature of appointee)

Subscribed and sworn before me this 17th day of May, A. D. 1956.

at Washington, D.C.
(City) (State)

Earl C. Fuller
(Signature of officer)

[SEAL]

Sac. 206, Act June 26, 1943
(Title)

Department of State Foreign Service Washington, D.C.
(Department or agency) (Bureau or division) (Place of employment)
Political Officer,
Foreign Service Reserve Officer of Class-4 May 17, 1956
(Position to which appointed) (Date of entrance on duty)

NOTE.—If the oath is taken before a Notary Public, the date of expiration of his commission should be shown.

Form DS-1052
Exception to SF-50
Approved by the
Director of the Bureau
May 1966

DEPARTMENT OF STATE
WASHINGTON 25, D. C.

NOTIFICATION OF PERSONNEL ACTION

1. NAME (Mr., Miss, Mrs. (One given name, initial(s) and surname) Mr. Robert T. Shaw			2. DATE OF BIRTH 6-18-25	3. JOURNAL OR ACTION NO. FSA 9	4. DATE 5-3-56
This is to notify you of the following action affecting your employment:					
5. NATURE OF ACTION (Use standard terminology) Limited Appointment			6. EFFECTIVE DATE 5/17/56	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY Section 522.1 PL 724-79th	
FROM:			TO:		
8. POSITION TITLE Political Officer			9. SCHEDULE, SERIES NO., GRADE, SALARY FSR-4 \$7490		
10. ORGANIZATIONAL DESIGNATION Nogales			11. HEADQUARTERS		
12. DS CATEGORY FS Category			13. VETERAN'S PREFERENCE 1-1011-009		
14. POSITION CLASSIFICATION ACTION 1-1011-009			15. SEX M		
16. APPROPRIATION 6A-8011			17. RETIREMENT COVERAGE NO SC		
18. DATE OF APPOINTMENT 5/17/56			19. LEGAL RESIDENCE VA.		
20. This action is subject to all applicable laws, rules and regulations and may be subject to investigation and approval by the United States Civil Service Commission or the Department.					
Execute SF-61a					
Marital status - Married - Three					
Reserve status - None					
ENTRANCE REQUIREMENT RATING					
21. SIGNATURE OF OTHER AUTHORIZATION					

Form DS-1031 Exception to SF-52 Approved by the Bureau of the Budget May 1954		DEPARTMENT OF STATE REQUEST FOR PERSONNEL ACTION		PER/EM 7/2 ARA 4/30 PER Green 5/4		AAB 5-3 TRANS		SERVICE XX PS. <input type="checkbox"/> DPL					
1. NAME (Mr., Miss, Mrs., One given name, initial(s), and surname) Mr. Robert T. SHAW				2. DATE OF BIRTH 6-18-25		3. REQUEST NO.		4. DATE OF REQUEST 6-27-56					
5. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) Limited Appointment Section 522.1 B. POSITION (Specify whether establish, change grade or title, etc.)				6. EFFECTIVE DATE A. PROPOSED: ASAP B. APPROVED:		7. C.S. OR OTHER LEGAL AUTHORITY							
FROM:				8. POSITION TITLE AND NUMBER Diplomatic or Consular Title 9. SCHEDULE, SERIES NO., GRADE, SALARY 10. ORGANIZATIONAL DESIGNATIONS Post 11. HEADQUARTERS 12. DS CATEGORY PSS Category		TO Political Officer *(Vice Consul when confirmed) FSR-4 \$7490 NOGALES Approved as an exception - 5/1/56 - [Signature]							
<input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL <input type="checkbox"/> REGULAR <input type="checkbox"/> RESIDENT				<input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL <input type="checkbox"/> REGULAR <input type="checkbox"/> RESIDENT									
13. VETERAN PREFERENCE NONE <input type="checkbox"/> 5-PT <input type="checkbox"/> 10-PT <input type="checkbox"/> DISAB <input type="checkbox"/> OTHER <input type="checkbox"/> Yes				14. POSITION CLASSIFICATION ACTION NEW <input checked="" type="checkbox"/> VICE <input type="checkbox"/> L. <input type="checkbox"/> REAL <input type="checkbox"/> X		NO 1-1011-009							
15. SEX M		16. APPROPRIATION FROM: TO: 6A-3011		17. RETIREMENT COVERAGE <input checked="" type="checkbox"/> CSC <input type="checkbox"/> FS <input type="checkbox"/> FICA <input type="checkbox"/> NONE		18. DATE OF APPOINTMENT AFFIDAVITS (Accessions only)		19. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED Va.					
20. RESERVE STATUS None <input type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE				21. MARITAL STATUS <input type="checkbox"/> WIDOWED <input type="checkbox"/> WIDOW <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED		22. REQUEST APPROVED BY Signature and title PER/EM Charles W. Bass							
23. REQUESTED BY (Name) SMILLER, Acting Leg Pers Off				24. CLEARANCES INITIAL OR SIGNATURE [Signature] DATE 5/1/56		25. PLACEMENT OR EMPL. L PER/TR		26. APPROVED BY M.B. Brown 5/1/56 PER 5-1-56					
27. CLEARANCES A. [Signature] B. CIL, OR POS. CONTROL [Signature] C. CLASSIFICATION [Signature]				28. REMARKS: * See separate DS-1031 for Commissioning for Vice Consul - [Signature]									
TRAVEL AUTHORIZATION		OBJECT CLASS		ESTIMATE A COST		PER TO ENCUMBRANCE FUNDS AVAILABLE		WAYS OF DEPENDENTS AND DATES OF BIRTH OF CHILDREN UNDER 21		FROM Arlington, Va.		TO Nogales	
						APPR. ALLOT. OBLIG. NO. DATE SIGNATURE		W-Janet L. D-Barbara L. 7-27-52 S-Richard W. 9-10-55 S-Thomas R. 9-10-55		VIA NO LBS. EXCESS BAGGAGE AUTH.		DETAILS ENROUTE	
TOTAL										SHIPMENT OF EFFECTS FROM: Arlington, Va. TO: Nogales			
T. O. DATE						T. O. NO.							
REMARKS Authorize travel of appointee and dependents from Arlington, Va. to Nogales, Mexico.													

STATEMENT OF PRIOR FEDERAL CIVILIAN AND MILITARY SERVICE
AND DETERMINATION OF COMPETITIVE STATUS

IMPORTANT: The information on this form will be used (1) in determining creditable service for leave purposes and retention credits for reduction in force, and (2) in recording agency determination of competitive status. The employee should complete Part I and the Personnel Office should complete Parts II through V.

PART I.—EMPLOYEE'S STATEMENT										PART II.—THIS COLUMN IS FOR PERSONNEL OFFICE USE		
1. NAME (Last, first, middle initial)					2. DATE OF BIRTH					3. RETENTION GROUP		
Shaw, Robert T.					6/18/25							
4. LIST THE FOLLOWING INFORMATION CONCERNING ALL FEDERAL AND DISTRICT OF COLUMBIA SERVICE YOU HAVE HAD PRIOR TO YOUR PRESENT APPOINTMENT (Do not include military service.)										10. A. CSC STATUS <input type="checkbox"/> YES <input type="checkbox"/> NO B. TYPE OF PRESENT APPOINTMENT		
NAME AND LOCATION OF AGENCY		FROM—			TO—			TYPE OF APPOINTMENT IF KNOWN		11. SERVICE		
		YEAR	MONTH	DAY	YEAR	MONTH	DAY			YEAR	MONTH	DAY
FOREIGN SERVICE		49	OCT	19	52	FEB	6			2	3	18
FOREIGN SERVICE		52	MAY	28	54	JULY	30			2	2	3
DEPT. OF DEFENSE, WASH.		54	JUL	31	56	APR	6			1	8	6
NO SICK OR ANNUAL LEAVE TO BE PICKED UP.												
4. LIST PERIODS OF ACTIVE SERVICE IN ANY BRANCH OF THE ARMED FORCES OF THE UNITED STATES. IF YOU HAD NO ACTIVE MILITARY SERVICE, WRITE "NONE."												
BRANCH		FROM—			TO—			DISCHARGE (Hon. or dishon.?)				
		YEAR	MONTH	DAY	YEAR	MONTH	DAY					
U.S. ARMY		43	SEP	11	45	MAR	8	HON.		1 5 28		
5. DURING PERIODS OF EMPLOYMENT SHOWN IN ITEM 3, DID YOU HAVE A TOTAL OF MORE THAN 6 MONTHS ABSENCE WITHOUT PAY, INCLUDING PERIODS OF MERCHANT MARINE SERVICE, DURING ANY ONE CALENDAR YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF ANSWER IS "YES," LIST FOLLOWING INFORMATION.										12. TOTAL SERVICE 7 7 25		
TYPE IF KNOWN (LWOP, Full, Susp. AWOL, Mar Mar)		FROM—			TO—			TOTAL		13. NONCREDITABLE SERVICE (Leave purposes only):		
		YEAR	MONTH	DAY	YEAR	MONTH	DAY	YEARS	MONTHS	DAYS		
										14. NONCREDITABLE SERVICE (RIF purposes only):		
6. DURING THE FEDERAL SERVICE LISTED IN ITEM 3, DID YOU ACQUIRE A PERMANENT COMPETITIVE CIVIL SERVICE STATUS? <input type="checkbox"/> YES <input type="checkbox"/> NO (If answer is "Yes," in what agency were you employed at the time and was it acquired?)										15. REEMPLOYMENT RIGHTS <input type="checkbox"/> YES <input type="checkbox"/> NO		
7. ARE YOU A. THE WIFE OF A DISABLED VETERAN? <input type="checkbox"/> YES <input type="checkbox"/> NO B. THE MOTHER OF A DECEASED OR DISABLED VETERAN? <input type="checkbox"/> YES <input type="checkbox"/> NO C. THE UNREMARKED WIDOW OF A VETERAN? <input type="checkbox"/> YES <input type="checkbox"/> NO										16. RETENTION RIGHTS <input type="checkbox"/> YES <input type="checkbox"/> NO		
8. TO BE EXCUSED BEFORE A NOTARY PUBLIC OR OTHER PERSONS AUTHORIZED TO ADMINISTER OATHS. I swear (or affirm) that the above statements are true to the best of my knowledge and belief. EOD May 17, 1956 (DATE) Subscribed and sworn to before me on this 17th day of May 1956 at Washington, D.C. (MONTH) (CITY) (STATE) S R A L NOTE: If oath is taken before a Notary Public, the date of expiration of his Commission should be shown. INSTRUCTIONS: File this form on the permanent side of the employee's official personnel folder immediately before or after the personnel action involved.										17. EXPIRATION DATE OF RETENTION RIGHTS		

(OVER)

15-67429-8

NOTIFICATION OF SECURITY CLEARANCE UNDER E.O. 10450

TO: Director, Office of Personnel
Attention: Mr. Howard P. Mace

DATE: May 7, 1956

SUBJECT: SHAW, Robert Tyler
(DOB 6/18/25)

☒ APPLICANT. If subject is not appointed within 90 days of the date of this notification, this clearance must be revalidated by the Office of Security.

☐ EMPLOYEE.

The case of above-named person has been reviewed in the Office of Security.

Investigative requirements of Executive Order 10450 have been complied with.

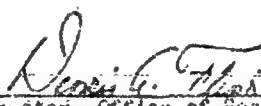
It has been determined that the employment or retention in employment of subject is clearly consistent with the interests of national security.

On the basis of this determination clearance is hereby granted. This clearance shall remain in effect for all purposes until further notice except that prior approval must continue to be requested from the Office of Security in the event of marriage to an alien, Presidential appointment, any appointment requiring Senate confirmation, and transfers or assignments to the Office of Security, R Area Special Projects Staff, and cryptographic duties. (This determination shall not eliminate or modify any other determination on security which may be required by law).

REMARKS:

☐ Investigative reports are attached. Please return these reports to the Office of Security within 10 days together with the names of the individuals who have reviewed them listed on the extra copy of this form herewith furnished.

☐



Director, Office of Security
Dennis A. Flinn

ATTACHMENTS

SCA:SY:WBds:Grace:atw

UNCLASSIFIED
Authorized by William O. Hall
Director General of the

This memorandum may be considered as ~~CONFIDENTIAL~~ USE ONLY ~~CONFIDENTIAL~~ of attachments.

APPLICATION FOR FEDERAL EMPLOYMENT

CWB 4-27-56

<p>1. Kind of position applied for or name of examination</p> <p>2. Option (b) (if mentioned in examination announcement)</p> <p>3. Place of employment applied for (city and State) Foreign Service</p> <p>4. Name (First name) (Middle) (Maiden, if any) (Last) Mr. Robert Tyler Shaw</p> <p>5. Street and number or R. D. number 3000 N. Oakland St., Arlington 7, Va.</p> <p>City or post office (including postal zone) and State Arlington 7, Virginia</p> <p>6. Place of birth Washington</p> <p>State or foreign country D.C.</p> <p>7. Date of birth (month, day, year) 18 June 1925</p> <p>8. Height without shoes 5 feet 7 inches</p> <p>9. Weight 140 pounds</p> <p>10. Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>11. Marital status <input checked="" type="checkbox"/> Married <input type="checkbox"/> Single</p> <p>12. Legal or voting residence (State) Virginia</p> <p>13. If you have ever been employed by the Federal Government, indicate last grade GS-12</p> <p>Dates of service in that grade From July 1954 To present</p>	<p style="text-align: center;">DO NOT WRITE IN THIS BLOCK For Use of Civil Service Commission Only</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"> <input type="checkbox"/> Approved <input type="checkbox"/> Not approved </td> <td style="width: 33%;"> <input type="checkbox"/> Material Submitted <input type="checkbox"/> Returned </td> <td style="width: 33%;"> <input type="checkbox"/> Interest Registered </td> </tr> <tr> <td colspan="2"> Notations </td> <td> App. Review </td> </tr> <tr> <td colspan="3"> Approved </td> </tr> <tr> <td style="text-align: center;">Option</td> <td style="text-align: center;">Grade</td> <td style="text-align: center;"> Earned Rating <input type="checkbox"/> 3 Points (Cont.) <input type="checkbox"/> 10 Point Comp. Dis. <input type="checkbox"/> Other 10 Point <input type="checkbox"/> Disal. <input type="checkbox"/> Being Investigated </td> </tr> <tr> <td colspan="2"> Initials and Date </td> <td style="text-align: center;"> Augm. Rating </td> </tr> </table>	<input type="checkbox"/> Approved <input type="checkbox"/> Not approved	<input type="checkbox"/> Material Submitted <input type="checkbox"/> Returned	<input type="checkbox"/> Interest Registered	Notations		App. Review	Approved			Option	Grade	Earned Rating <input type="checkbox"/> 3 Points (Cont.) <input type="checkbox"/> 10 Point Comp. Dis. <input type="checkbox"/> Other 10 Point <input type="checkbox"/> Disal. <input type="checkbox"/> Being Investigated	Initials and Date		Augm. Rating
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Notations		App. Review														
Approved																
Option	Grade	Earned Rating <input type="checkbox"/> 3 Points (Cont.) <input type="checkbox"/> 10 Point Comp. Dis. <input type="checkbox"/> Other 10 Point <input type="checkbox"/> Disal. <input type="checkbox"/> Being Investigated														
Initials and Date		Augm. Rating														
<p>14. AVAILABILITY INFORMATION. A. Indicate the lowest salary you will accept \$ _____ per month. You will not be considered for any position with a lower minimum salary.</p> <p>B. Have you ever been a Federal employee? Indicate the lowest grade you will accept _____</p> <p>C. Will you accept appointment for <input type="checkbox"/> 1 to 3 months? <input type="checkbox"/> 3 to 6 months? <input type="checkbox"/> 6 to 12 months?</p> <p>Acceptance or refusal of a short term appointment will not affect your consideration for another appointment.</p> <p>D. Are you willing to travel <input type="checkbox"/> Occasionally? <input checked="" type="checkbox"/> Frequently? <input type="checkbox"/> Constantly?</p> <p>E. Will you accept appointment <input type="checkbox"/> In Washington, D. C.? <input type="checkbox"/> Anywhere in United States? <input checked="" type="checkbox"/> Outside U. S.?</p> <p>F. Do you will accept appointment only in certain locations, list them: _____</p>																
<p>15. MILITARY EXPERIENCE. A. If you claim 5-point preference based on war or military service, indicate:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"> Dates of active war service September 1943 </td> <td style="width: 33%;"> Dates of separation March 1945 </td> <td style="width: 33%;"> Branch of service (Army, Navy, Air Force, etc.) Army </td> </tr> <tr> <td colspan="2"> Serial number. If not a, give grade or rating as appropriate 35228658 </td> <td></td> </tr> </table> <p>B. Do you claim 4-point preference as a peacetime campaign veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>C. Do you claim 3-point preference? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>D. Have you ever been granted 10-point veteran preference or 5-point preference as a peacetime campaign veteran by the U. S. Civil Service Commission? <input type="checkbox"/> Yes <input type="checkbox"/> No. If so, indicate below the office which granted this preference to you. Attach your notice of preference allowance if available. It will be returned to you.</p> <p>Name of U. S. Civil Service Commission office or name of Board of U. S. Civil Service Examiners _____</p> <p>Address of Commission office or Board of Examiners _____</p> <p>City _____</p> <p>State _____</p>		Dates of active war service September 1943	Dates of separation March 1945	Branch of service (Army, Navy, Air Force, etc.) Army	Serial number. If not a, give grade or rating as appropriate 35228658											
Dates of active war service September 1943	Dates of separation March 1945	Branch of service (Army, Navy, Air Force, etc.) Army														
Serial number. If not a, give grade or rating as appropriate 35228658																
<p>16. SIGNATURE OF APPLICANT. The signature on this card is subject to verification by the Civil Service Commission. The signature must be written in ink and must be legible.</p> <p>Signature _____</p> <p>Agency _____</p> <p>Date _____</p>																

In EXPERIENCE (Start with your present position and work back)					
(1) Dates of employment (month, year) From July 1954 To present time		Exact title of your position Foreign Affairs Officer			
Salary or earnings Starting \$ per annum Final ,7785 per annum 23-12		Place of employment City Washington State D.C.		Kind of business or organization (manufacturing, accounting, insurance, etc.) U.S. Government	
Name and address of employer (firm, organization, etc.) Dept. of Defense, Joint Chiefs of Staff		Name and title of immediate supervisor Oliver W. Anthony			
Reason for leaving Re-enter Foreign Service					
Description of work Preparation of studies and reports for the military departments and the Joint Chiefs of Staff on Inter-American Defense matters.					
(2) Dates of employment (month, year) From May 1952 To July 1954		Exact title of your position Vice Consul			
Salary or earnings Starting \$ per annum Final -0- per annum PEE-9		Place of employment City Guayaquil State Ecuador		Kind of business or organization (manufacturing, accounting, insurance, etc.) Government	
Name and address of employer (firm, organization, etc.) Dept. of State		Name and title of immediate supervisor Consul General Paul W. Meyer			
Reason for leaving Position with Dept. of Defense					
Description of work General duties of a Foreign Service Staff Officer in the Economic and Commercial Section of the Consulate General in Guayaquil. Also performed political reporting functions and assisted in visa and citizenship matters.					
(3) Dates of employment (month, year) October 1949 February 1952		Exact title of your position Anat. Attache			
Salary or earnings Starting \$ PSC-10 per annum Final \$ PEE-9 per annum FSS-9		Place of employment City Washington & Caracas, Venez. State		Kind of business or organization (manufacturing, accounting, insurance, etc.) Government	
Name and address of employer (firm, organization, etc.) Department of State		Name and title of immediate supervisor Ambassadors Donnelly, Sparks			
Reason for leaving Accompany wife to U.S. for medical attention					
Description of work General duties of a Foreign Service Staff Officer in the Political Section, Embassy Caracas. Preparation of reports for the Department and memoranda for the Ambassador, consultation with officials of the local government and American companies (esp. of the petroleum industry operating in Venezuela). Assistance in the Consular Section with visa affairs.					

Robert T. Shaw
18 June 1925
3000 N. Oakland St.
Arlington 7, Virginia

STANDARD FORM 57 - continuation
#16
5.

September 1943 - March 1945
Pfc
U. S. Army
United States
Honorable Discharge

Anti-Aircraft

ATTACH SUPPLEMENTAL SHEETS OR FORMS HERE

Dates of employment (month, year) From November 1947 To October 1949		Exact title of your position Editor																															
Salary or earnings Starting \$ 2400 per year Final \$ 3600 per year		Place of employment City Cincinnati State Ohio																															
Name and address of employer (firm, organization, etc.) Proctor & Gamble		Kind of business or organization (manufacturing, distributing, service, etc.) Soap and chemical manufacture																															
Name and title of immediate supervisor Carl Frantz, Chief																																	
Reason for leaving Desire for Foreign Service																																	
Description of work Supervision of preparation (compilation through final printing and binding) of sales manuals for entire company sales force. Preparation of aptitude tests and general qualifications questionnaires used by company in recruitment of salesman and administrative employees. Preparation of material for Company "house magazine". Maintenance of close liaison with other personnel departments. Work with company print shop and private printing establishments.																																	
If you had additional experience blanks, use supplemental sheets. SEE INSTRUCTION SHEET.																																	
17. SPECIAL QUALIFICATIONS AND SKILLS.																																	
(A) Licenses and permits are listed on the kind of license or certificate and the State or other issuing authority which granted it, for example, pilot, dentist, electrician, lawyer, radio operator, C. P. A., etc.		(B) List any special qualifications not covered elsewhere in your report, such as: (1) Your more important publications. (Do not exceed space unless requested.) (2) Your patents or inventions. (3) Public speaking and public relations experience. (4) Membership in professional or scientific associations, etc. (5) Honors and fellowships received.																															
Kind of license Issuing authority (C) List any special skills you possess and machines and equipment you can use, such as shorthand, typewriter, calculator, key-punch, turret lathe, machine or professional degrees.		(5) Phi Beta Kappa																															
(D) Approximate number of words per minute in: Typing Shorthand																																	
18. EDUCATION.																																	
A. Give the highest elementary or high school grade completed 12 If you completed high school, give date 1943		B. Name and location of last high school attended: Beth High School, Osborn, Ohio																															
C. Name and location of college or university		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Name</th> <th colspan="2">Dates attended</th> <th rowspan="2">Years completed</th> <th rowspan="2">Credit hours</th> <th rowspan="2">Degrees or quarters</th> <th rowspan="2">Licenses received</th> </tr> <tr> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td>The Ohio State University</td> <td>Mar 43</td> <td>Sept 43</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>The Ohio State University</td> <td>Mar 43</td> <td>Sept 43</td> <td>15</td> <td></td> <td></td> <td></td> </tr> <tr> <td>University of Arizona</td> <td>Sept 43</td> <td>Oct 43</td> <td>2</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Name	Dates attended		Years completed	Credit hours	Degrees or quarters	Licenses received	From	To	The Ohio State University	Mar 43	Sept 43					The Ohio State University	Mar 43	Sept 43	15				University of Arizona	Sept 43	Oct 43	2			
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The Ohio State University	Mar 43	Sept 43	15																														
University of Arizona	Sept 43	Oct 43	2																														
D. List undergraduate college subjects		E. Check grades in each subject																															
Spanish Political Science		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Grade</th> <th>Quarter</th> <th>Grade</th> <th>Quarter</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Grade	Quarter	Grade	Quarter																										
Grade	Quarter	Grade	Quarter																														
F. (GIVE ALL OTHER TRAINING, such as trade, technical, Armed Forces or University. Give dates and location of school, dates attended, courses studied, results, etc. in brief particular form.) Jan. 44-May 44 (Camp Callan, California): Basic anti-aircraft schooling in fire control, specialization in anti-air use of AA weapons.																																	
G. Have you ever received a foreign language instruction?																																	
Spanish French		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Language</th> <th>Read</th> <th>Write</th> <th>Speak</th> <th>Understand</th> </tr> </thead> <tbody> <tr> <td>Spanish</td> <td>X</td> <td>X</td> <td>X</td> <td>X</td> </tr> <tr> <td>French</td> <td>X</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Language	Read	Write	Speak	Understand	Spanish	X	X	X	X	French	X																		
Language	Read	Write	Speak	Understand																													
Spanish	X	X	X	X																													
French	X																																

21. RESIDENCE - and is there persons living in the United States or Territories of the United States who are related to you and who have been or will be instrumental in your application and return for the passport for which you are applying. The full present names of your parents

[illegible]

Form 100-100-100
 Exception to SF-50
 Approved by the
 Bureau of the Budget
 May 1954

DEPARTMENT OF STATE
 WASHINGTON 25, D. C.

NOTIFICATION OF PERSONNEL ACTION

1. NAME (Mr., Mrs., Miss, given name, middle(s) and surname) Mr. Robert T. SHAW		2. DATE OF BIRTH 6/18/25	3. JOURNAL OR ACTION NO. 20	4. DATE 12/9/54
This is to notify you of the following action affecting your employment:				
5. NATURE OF ACTION (Use standard terminology) Resignation for Personal Reasons without Prejudice		6. EFFECTIVE DATE OCB 7/30/54	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY	
FROM:		TO:		
Economic Officer OC-11 Vice Consul PSS-9 35079 Quayaquil		8. POSITION TITLE AND NUMBER Diplomatic or Consular Title 9. SCHEDULE, SERIES NO., GRADE, SALARY 10. ORGANIZATIONAL DESIGNATIONS Post 11. HEADQUARTERS 12. DS CATEGORY FS Category		
<input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL <input type="checkbox"/> Regular <input type="checkbox"/> Resident <input type="checkbox"/> Non-US		<input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL <input type="checkbox"/> Regular <input type="checkbox"/> Resident <input type="checkbox"/> Non-US		
13. VETERAN'S PREFERENCE		14. POSITION CLASSIFICATION ACTION		
CODE S.P. 10. POINT Blank Other		GEN VICE I. A. REAL		
15. SEX M		16. APPROPRIATION FROM 5A-4011 TO		17. RETIREMENT COV. ERM <input type="checkbox"/> CAC <input type="checkbox"/> PS <input type="checkbox"/> FICA <input type="checkbox"/> NONE
		18. DATE OF APPOINTMENT AFFIDAVIT (Attachments Only)		19. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:
20. This action is subject to all applicable laws, rules and regulations and may be subject to investigation and approval by the United States Civil Service Commission or the Department.				
Employment status-Indefinite All leave transferred. Address: Robert T. Shaw 1714 Huntington St. Arlington, Va.				

137-100-100-100-100

137-100-100-100-100

PERSONNEL FOLDER

00000000000000000000

6794

FORM FS-303 (Rev.) 8-8-52			DEPARTMENT OF STATE FOREIGN SERVICE UNITED STATES OF AMERICA PERSONNEL ACTION WORK SHEET		DATE OF REQUEST 7-20-54		ACTION CONTROL NO. ROUTING DATE	
NAME (Last) (First) (Middle) SHAW Robert T.			DATE OF BIRTH 6-12-25		SEX M		EFFECTIVE DATE PROPOSED ACTUAL 7/20/54	
NATURE OF ACTION ATTACHMENT - ROUTING SLIP - RE. INFORMATION WITHOUT PRESENT STATUS (From)			PREJUDICE INFORMATION WITHOUT RECOMMENDED STATUS (To)		2 LTR 1 FOR-AR 1 TVL-CON 7/28 3 TRANS			
FUNCTIONAL TITLE Economic Officer			DIP. CONS. OR OTHER TITLE Vice Consul		POST Guayaquil		STATE OF LEGAL RESIDENCE	
CLASS AND SALARY PSS-9 \$4899			APPROPRIATION ALLOTMENT 5A-4011		POSITION NUMBER 2-11		RETIREMENT DEDUCTIONS <input type="checkbox"/> CSC <input type="checkbox"/> SOC. SEC. SOC. SEC. NO.	
NATURE OF EMPLOYMENT <input checked="" type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME			STATE LIMITATION <input checked="" type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME		SERIAL NO.		PRESENT MARITAL STATUS <input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOW <input type="checkbox"/> WIDOWER <input type="checkbox"/> SEPARATED	
NATURE OF POSITION (Check applicable box) <input type="checkbox"/> NEW <input type="checkbox"/> COMPLEMENT REPLACEMENT (Name) <input type="checkbox"/> VICE			CONCURRENCE BY (Initials) REGIONAL BUREAUS OTHER AGENCIES OTHER OFFICES		APPOINTED TO <input checked="" type="checkbox"/> REGULAR STAFF <input type="checkbox"/> RESIDENT U.S. STAFF <input type="checkbox"/> LOCAL NON-USA		DATE AAB APPROVED LOYALTY FORMS SUBMITTED <input type="checkbox"/> SF 83 <input type="checkbox"/> SF 87 CLEARED UNDER P.L. NO.	
ADDITIONAL INFORMATION AND INSTRUCTIONS (Subject to A, A.C.D., E, F, G, H, I, J and K) Please accept Mr. Shaw's resignation in accordance with his letter of 7-19-54 (attached). Reason: Continue post-graduate studies. BUOA 5-26-52 Arrival at post: 6-19-52								
SIGNATURE AND TITLE OF REQUESTING OFFICER Operations Officer, ARA			SIGNATURE AND TITLE OF APPROVING OFFICER					
REQUEST FOR TRAVEL AUTHORIZATION								
OBJECT CLASS	ESTIMATED COST	PERCENT ENCUMBRANCE FUNDS AVAILABLE	NAMES OF DEPENDENTS AND DATES OF BIRTH OF CHILDREN UNDER 21		FROM	TO		
0206	1500	APPR.			Guayaquil	Arlington, Va.		
		ALLOT. 71-2025			VIA	DETAIL ENROUTE approx 5 days' cons w/per diem		
		ORIG. NO.			SO. EX. EX-100-100			
		DATE			GAGE AUTH.			
		SIGNATURE			SHIPMENT OF EFFECTS FROM			
					Guayaquil to Arlington, Va.			
IN DATE TRAVEL ORDER NUMBER			REMARKS					
CB/T: Mr. Shaw has completed 5 days' leave in the Department and is now taking leave in Arlington, Va. Please cancel that part of TO 4-2123 dated June 11, 1954 which authorized transportation from Miami, to Tucson, Arizona and thence to Guayaquil. Authorize instead shipment of effects from Guayaquil to Arlington, Va. (place of residence on service separation listed on list of effects dated 4-1-54). Also cancel 0206/223								

00000

✓ *Wdo*

All leave transferred. 1150 forwarded. COB 7/30/54

E. Kathryn Mallow
E. Kathryn Mallow, Chief
Leave and Retirement Section

Robert T Shaw

~~and [illegible] [illegible]~~ *gh*
~~Personnel [illegible]~~

1714 HUNTINGTON ST N.
ARLINGTON, Va





DEPARTMENT OF STATE
WASHINGTON

Washington, D.C.
July 19, 1954

Division of Personnel Operations
Department of State
Washington 25, D.C.

Attn: Mr. Leap

Gentlemen:

I hereby submit my resignation from the Foreign Service Staff Corps in which I hold the grade of Foreign Service Staff Officer Class 9. This resignation is submitted in order that I may devote full time to post-graduate studies.

It is requested that this resignation take effect as of the close of business July 19, 1954.

It is also requested that the Administrative Officer at my former post of duty, Guayaquil, Ecuador, be authorized to ship a lift van containing furnishings and personal effects to the Security Storage Company, Washington, D.C.

It has been a great pleasure serving with the Foreign Service and I shall always remember with pleasure my association with the many fine officers and clerical personnel of both the Service and the Department.

Yours very truly,


Robert T. Shaw

NOTIFICATION OF SECURITY CLEARANCE UNDER E.O. 10450

TO: Director, Office of Personnel
Attention: Mr. Robert Ryan

DATE: 6 July 1954

SUBJECT: SHAW, Robert Tyler
Date of Birth: June 18, 1925

☐ APPLICANT. If subject is not appointed within 90 days of the date of this notification, this clearance must be revalidated by the Office of Security.

☒ EMPLOYEE.

The case of above-named person has been reviewed in the Office of Security.

Investigative requirements of Executive Order 10450 have been complied with.

It has been determined that the employment or retention in employment of subject is clearly consistent with the interests of national security.

On the basis of this determination clearance is hereby granted. This clearance shall remain in effect for all purposes until further notice except that prior approval must continue to be requested from the Office of Security in the event of marriage to an alien, Presidential appointment, any appointment requiring Senate confirmation, and transfers or assignments to the Office of Security, R Aron Special Projects Staff, and cryptographic duties. (This determination shall not eliminate or modify any other determination on security which may be required by law).

REMARKS:

☐ Investigative reports are attached. Please return these reports to the Office of Security within 10 days together with the names of the individuals who have reviewed them listed on the extra copy of this form herewith furnished.

☐

William C. Brown

Director, Office of Security

ATTACHMENTS

SY: W. L. FRANKLIN

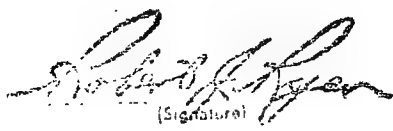
This memorandum may be considered as OFFICIAL USE ONLY upon removal of attachments.

DEPARTMENT OF STATE OFFICE OF PERSONNEL NOTIFICATION OF PERSONNEL ACTION						DATE July 16, 1954 JOURNAL NO. 82					
NAME (Last) (First) (Middle) Shaw Robert T.				DATE OF BIRTH 		SEX 		LEGAL AUTHORITY 			
NATURE OF ACTION Periodic Step Increase				EFFECTIVE DATE June 20, 1954		DATE OF OATH 					
		FROM				TO					
FUNCTIONAL TITLE						Same					
DIPLOMATIC OR CONSULAR TITLE											
POST						Guayaquil					
CLASS AND SALARY		PSS-9 \$4899				PSS-9 \$5079					
APPROPRIATION ALLOTMENT						5A-4011					
POSITION NUMBER											
NATURE OF EMPLOYMENT		PERM.	INDEF.	LIN.	TEMP.	FULL PART	PERM.	INDEF.	LIN.	TEMP.	FULL PART
REGULAR STAFF											
RESIDENT U.S. STAFF											
LOCAL NON-U.S.											
VETERAN											
NON-VETERAN											
		LEGAL RESIDENCE				CITY		STATE		RETIREMENT DEDUCTIONS	
		BRANCH OF SERVICE				READY		MARITAL STATUS		FICA	
		MILITARY RESERVE STATUS				STAND-BY		CHILDREN		DEPENDENTS	

ABOVE ACTION AND CONTINUANCE OF STATUS EFFECTED THEREBY ARE SUBJECT TO ALL APPLICABLE LAWS, RULES AND REGULATIONS. THE ACTION MAY BE CORRECTED OR CANCELLED IF NOT IN ACCORDANCE WITH ALL REQUIREMENTS.

REMARKS:

(Signature) _____
 (Title) _____

FORM FS-549 11-4-49		DEPARTMENT OF STATE DIVISION FOREIGN SERVICE PERSONNEL PERSONNEL ACTION				DATE June 5, 1953 JOURNAL NO. 147	
NAME (Last) (First) (Middle)		DATE OF BIRTH		LEGAL AUTHORITY			
Zhang Robert T.				SERVICE F88			
This is to notify you of the following action concerning your employment		EFFECTIVE DATE		DATE OF OATH			
NATURE OF ACTION		June 7, 1953					
PERIODIC STEP INCREASE		FROM		TO			
FUNCTIONAL TITLE							
DIP. CONSULAR OR OTHER TITLE				same			
POST				Guayaquil			
CLASS AND SALARY		F88-9 \$4719		F88-9 \$4899			
APPROPRIATION				3A 2011			
POSITION NUMBER				same			
NATURE OF EMPLOYMENT	PERMA-NENT	TEMPO-RARY	OTHER	FULL PART	PERMA-NENT	TEMPO-RARY	OTHER
RETIREMENT DEDUCTIONS	YES	REGULAR STAFF			NATURE OF POSITION		
	NO	LOCAL STAFF			NEW	VICE (name)	
VETERAN		NON-US			ADDITIONAL		
NON-VETERAN					REALLOCATION		
SEX	MARITAL STATUS, CHILDREN, AND DEPENDENTS			LEGAL RESIDENCE			
<p>Conditions and requirements: Above action and continuance of status effected thereby are subject to such conditions and requirements listed on reverse of this page as are cited herewith.</p> <p>REMARKS:</p> <p>Last salary increase May 23, 1952.</p> <p>Performance rating meets required standards.</p>							
				 (Signature)			
2				TITLE			

FOLDER

FORM FS-349
11-4-49

DEPARTMENT OF STATE
DIVISION 1 FOREIGN SERVICE PERSONNEL
PERSONNEL ACTION

78

DATE
Dec. 5, 1952
JOURNAL NO. 21

(Last) (First) (Middle)
NAME **BHAW Robert T.** DATE OF BIRTH **Apr. 12, 1927**

LEGAL AUTHORITY

This is to notify you of the following action concerning your employment

SERVICE
P3S

NATURE OF ACTION

EFFECTIVE DATE

DATE OF OATH

Change in Title

Dec. 5, 1952

	FROM				TO			
FUNCTIONAL TITLE	Consular Officer				Economic Officer			
DIP. CONSULAR OR OTHER TITLE	Vice Consul				Vice Consul			
POST	Guayaquil				Guayaquil			
CLASS AND SALARY	P3S-9 \$4719				P3S-9 \$4719			
APPROPRIATION ALLOTMENT	3A 2011				3A 2011			
POSITION NUMBER	00-9				00-11			
NATURE OF EMPLOYMENT	PERMA-NENT	TEMPO-RARY	OTHER	FULL PART	<input checked="" type="checkbox"/> PERMA-NENT	TEMPO-RARY	OTHER	FULL PART
			Indef				Indef	<input checked="" type="checkbox"/>
RETIREMENT DEDUCTIONS	YES <input checked="" type="checkbox"/>	REGULAR STAFF			<input checked="" type="checkbox"/>	NATURE OF POSITION		
	NO	LOCAL STAFF				NEW		
VETERAN NON-VETERAN		NON-US				ADDITIONAL		
						REALLOCATION		
SEX Male	MARITAL STATUS, CHILDREN, AND DEPENDENTS Married-1				LEGAL RESIDENCE			

Conditions and requirements: Above action and continuance of status affected thereby are subject to such conditions and requirements listed on reverse of this page as are cited herewith.

REMARKS:

2

[Signature]
(Signature)

TITLE

FORM PS-349 11-4-49				DEPARTMENT OF STATE DIVISION OF FOREIGN SERVICE PERSONNEL PERSONNEL ACTION		vnu		DATE May 19, 1952 JOURNAL NO 18	
(last)		(first)		(middle)		DATE OF BIRTH		LEGAL AUTHORITY	
NAME		Bhav,		Robert		T.		June 18, 1925	
This is to notify you of the following action concerning your employment						EFFECTIVE DATE		DATE OF OATH	
NATURE OF ACTION						Indefinite Appointment		5/28/52	
FROM						TO			
FUNCTIONAL TITLE						Consular Officer			
DIP., CONSULAR OR OTHER TITLE						Vice Consul			
POST						Guayaquil			
CLASS AND SALARY						PSS-9 \$4719			
APPROPRIATION ALLOTMENT						2A 5011			
POSITION NUMBER						GQ-9			
NATURE OF EMPLOYMENT		PERMANENT		TEMPORARY		OTHER		FULL PART	
RETIREMENT DEDUCTIONS		YES X		NO		REGULAR STAFF		X	
VETERAN NON-VETERAN		X		ARMY		LOCAL STAFF		NONUS	
SEX		Male		MARITAL STATUS, CHILDREN, AND DEPENDENTS		Married		LEGAL RESIDENCE	
								Arizona	
<p>Conditions and requirements: Above action and continuance of status effected thereby 'are' subject to such conditions and requirements listed on reverse of this page as are cited herewith.</p> <p>REMARKS: Items: a, b, c, d, e, 1(614) m. No military reserve status. Forms 85 and 97 submitted to BY. Position description requested from Post in quadruplicate within 30 days after employee reports at Post.</p> <p>93/T: Authorize travel of appointee from Arlington, Va. via Washington, D.C. to Guayaquil. Wife: From Arlington, Va. to Guayaquil. Tucson, Shipment of effects: From Arlington, Va. and/Arizona to Guayaquil. Janet Lee Ruggles-wife.</p>									
<p>2</p> <p>TITLE</p>									

CIVIL OFFICIAL
APPOINTMENT AFFIDAVITS
(As defined in 5 USC 21a and 21b)

I, Robert T. Shaw Arizona
(Name in full) (State)
do solemnly swear (or affirm) that

A. OATH OF OFFICE

I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely without any mental reservation or purpose of evasion; that I will well and faithfully discharge the duties of the office on which I am about to enter, SO HELP ME GOD.

B. AFFIDAVIT AS TO SUBVERSIVE ACTIVITY AND AFFILIATION

I am not a Communist or a Fascist. I do not advocate nor am I a member of any organization that advocates the overthrow of the Government of the United States by force or violence or other unconstitutional means, or seeking by force or violence to deny other persons their rights under the Constitution of the United States. I do further swear (or affirm) I will not so advocate, nor will I become a member of such organization during the period that I am an employee of the Federal Government.

C. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

I am not engaged in any strike against the Government of the United States and that I will not so engage while an employee of the Government of the United States; that I am not a member of an organization of Government employees that asserts the right to strike against the Government of the United States, and that I will not, while a Government employee, become a member of such an organization.

D. AFFIDAVIT AS TO PURCHASE AND SALE OF OFFICE

I have not, nor has anyone acting in my behalf, given, transferred, promised or paid any consideration for or in expectation or hope of receiving assistance in securing such appointment.

Robert T. Shaw Robert T. Shaw
(Name of appointee) (Signature of appointee)

Subscribed and sworn before me this 28th day of May, A. D. 1952,

at Washington, D.C.
(City) (State)

Maurice W. Wheel
(Signature of officer)

[SEAL]

My commission expires December 14, 1953 Notary Public
(Title)

Department of State Foreign Service Washington, D.C.
(Department or agency) (Bureau or division) (Place of employment)
Foreign Service Staff Officer, Class 9
Vice Consul; Consular Officer
(Position to which appointed) May 28, 1952
(Date of entrance on duty)

NOTE.—If the oath is taken before a Notary Public, the date of expiration of his commission should be shown.

STATEMENT OF PRIOR FEDERAL AND MILITARY SERVICE

IMPORTANT: The information on this form will be used in determining creditable service for leave purposes and retention credits for reduction in force. The employee should complete Part I and the Personnel Office should complete Parts II through IV.

PART I—EMPLOYEE'S STATEMENT

PART II—THIS COLUMN IS FOR PERSONNEL OFFICE USE

1. NAME (Last, first, middle initial) SHAW, ROBERT T.		2. DATE OF BIRTH 18 JUNE 25		3. RETENTION GROUP						
3. LIST THE FOLLOWING INFORMATION CONCERNING ALL FEDERAL AND DISTRICT OF COLUMBIA SERVICE YOU HAVE HAD PRIOR TO YOUR PRESENT APPOINTMENTS (Do not include military service.)				10. CSC STATUS (For permanent employees only) <input type="checkbox"/> YES <input type="checkbox"/> NO						
NAME AND LOCATION OF AGENCY	FROM—			TO—			TYPE OF APPOINTMENT IF KNOWN	11. SERVICE		
	YEAR	MONTH	DAY	YEAR	MONTH	DAY		YEAR	MONTH	DAY
U.S. GOVERNMENT FOREIGN SERVICE	49	10	24	52	2	15	—	2	3	22
	52	5	28	54	7	30		2	2	3
4. LIST PERIODS OF SERVICE IN ANY BRANCH OF THE ARMED FORCES OF THE UNITED STATES. IF YOU HAD NO MILITARY SERVICE, WRITE "NONE."										
BRANCH	FROM—			TO—			DISCHARGE (Hon. or dishon.?)	12. TOTAL SERVICE		
	YEAR	MONTH	DAY	YEAR	MONTH	DAY		YEAR	MONTH	DAY
U.S. ARMY	43	9	11	45	3	8	HON	1	5	27
5. DURING PERIODS OF EMPLOYMENT CHOSEN IN ITEM 3, DID YOU HAVE A TOTAL OF MORE THAN 6 MONTHS ABSENCE WITHOUT PAY, INCLUDING PERIODS OF MERCHANT MARINE SERVICE, DURING ANY ONE CALENDAR YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF ANSWER IS "YES," LIST FOLLOWING INFORMATION.										
TYPE IF KNOWN (LWOP, Furl, Susp., AWOL, Moe Mar)	FROM—			TO—			TOTAL			
	YEAR	MONTH	DAY	YEAR	MONTH	DAY	YEARS	MONTHS	DAYS	
6. DURING THE FEDERAL SERVICE LISTED IN ITEM 3, DID YOU ACQUIRE A PERMANENT COMPETITIVE CIVIL SERVICE STATUS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If answer is "Yes," in what agency were you employed at the time status was acquired?)										
7. ARE YOU: A. THE WIFE OF A DISABLED VETERAN? <input type="checkbox"/> YES <input type="checkbox"/> NO B. THE MOTHER OF A DECEASED OR DISABLED VETERAN? <input type="checkbox"/> YES <input type="checkbox"/> NO C. THE UNBORN AND WIDOW OF A VETERAN? <input type="checkbox"/> YES <input type="checkbox"/> NO										
8. TO BE EXECUTED BEFORE A NOTARY PUBLIC OR OTHER PERSONS AUTHORIZED TO ADMINISTER OATHS I swear (or affirm) that the above statements are true to the best of my knowledge and belief. Sept 28, 1954 (DATE) Robert T. Shaw (SIGNATURE) Subscribed and sworn to before me on this _____ day of _____, 1952 at _____ (CITY) SEAL Richard M. Hallen (SIGNATURE) NOTE: If oath is taken before a Notary Public, the date of expiration of his Commission should be shown.										

(OVER)

19-50429-1

Office Memorandum • UNITED STATES GOVERNMENT

TO : FP - Mr. Howard Mace
FROM : SY - Mr. Donald L. Nicholson *D/L*
SUBJECT: SHAW, Robert Tyler

DATE: April 29, 1952

Investigation of subject has been conducted with results as indicated below.

SECURITY:

- (X) Security clearance is given for appointment or continued employment.
- () Security clearance of subject is not given.
- () This is an ALIEN CASE. The usual restrictions are applicable.

REMARKS:

- () Investigation reveals personnel information which you may desire to review prior to appointment.
- (X) Investigation discloses that the subject has been cleared under E. O. 9835.
- () Investigation has verified subject's satisfactory service with armed forces.
- () Investigation has been completed as required by Public Law , Congress.
- () Investigation does not include FBI check. If an unfavorable report should be received at a later date from the FBI which would necessitate cancelling of this security clearance, you will be so advised.
- () Please return the attached file to this office upon the completion of personnel action.

ATTACHMENTS:

CC:SY:HML:inneman;cfs

<p>FORM DSP-30 3-26-51</p> <p style="text-align: center;">DEPARTMENT OF STATE</p> <p style="text-align: center;">APPLICATION FOR FOREIGN SERVICE AND DEPARTMENTAL EMPLOYMENT (Use with Standard Form 57)</p> <p style="font-size: small;">If more space is required, use additional sheets of paper. Write on each sheet your name, address and date of birth. Identify each item, and attach to this application.</p>		<p style="text-align: center;">OFFICE BUREAU NO. 47-8077.3 APPROVAL EXPIRES August 31, 1952</p>																					
<p>1. a. NAME (Print) Robert Tyler SHAW</p>		<p>b. ADDRESS 1714 Huntington Arlington, Va.</p>																					
<p>2. USE OF APPLICATION - Check one box below to indicate whether you wish this application to be considered for Foreign Service employment only, or for both Foreign Service and Departmental employment. Completion of this form is not required for Department employment only. Standard Form 57 must be filled out in any case.</p> <p><input checked="" type="checkbox"/> FOREIGN SERVICE ONLY <input type="checkbox"/> FOREIGN SERVICE AND DEPARTMENTAL</p>																							
<p>3. PERMANENT ADDRESS (Place from which you will expect transportation of self and household effects, if any, if appointed to the Foreign Service) 909 North Campbell Ave., Tucson, Arizona</p>																							
<p>4. IF BORN OUTSIDE THE UNITED STATES, HOW WAS CITIZENSHIP ACQUIRED? IF A NATURALIZED CITIZEN, GIVE PLACE, DATE, AND NUMBER OF NATURALIZATION CERTIFICATE. (Section 11 on Form 57).</p>																							
<p>5. a. ARE YOU NOW INVOLVED IN ANY LITIGATION OR SEPARATION AGREEMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO b. DO YOU KNOW OF ANY PROSPECTIVE LITIGATION IN WHICH YOU MAY BE INVOLVED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (Give details, if answer is yes to a. or b.)</p>																							
<p>6. WHAT IS THE LOWEST ENTRANCE SALARY YOU WILL ACCEPT FOR OVERSEAS EMPLOYMENT? (Exclusive of allowances) -8 PER YEAR</p>																							
<p>7. WHAT RESTRICTIONS ARE THERE, IF ANY, ON YOUR IMMEDIATE AVAILABILITY FOR DUTY IN ANY PART OF THE WORLD? None</p>																							
<p>8. a. FULL NAME OF SPOUSE (If wife, give maiden name) Janet Lee Ruggles SHAW (wife)</p>		<p>b. DATE OF BIRTH 12 April 1927</p>																					
<p>c. PLACE OF BIRTH (City, State or Province, and Country) Three Rivers, Mich.</p>		<p>d. IF BORN OUTSIDE THE UNITED STATES, HOW WAS CITIZENSHIP ACQUIRED?</p>																					
<p>e. IF NATURALIZED, GIVE PLACE, DATE, AND NO. OF NATURALIZATION CERTIFICATE.</p>		<p>f. IF BORN OUTSIDE THE UNITED STATES, HOW WAS CITIZENSHIP ACQUIRED?</p>																					
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">NAMES OF DEPENDENTS</th> <th style="width: 15%;">RELATIONSHIP</th> <th style="width: 20%;">DATE OF BIRTH</th> <th style="width: 30%;">WILL BE LIVING WITH YOU AT THE TIME</th> </tr> <tr> <th></th> <th></th> <th></th> <th>YES NO</th> </tr> </thead> <tbody> <tr> <td>Janet Lee Ruggles SHAW</td> <td>wife</td> <td>12 April 1927</td> <td><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>				NAMES OF DEPENDENTS	RELATIONSHIP	DATE OF BIRTH	WILL BE LIVING WITH YOU AT THE TIME				YES NO	Janet Lee Ruggles SHAW	wife	12 April 1927	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO								
NAMES OF DEPENDENTS	RELATIONSHIP	DATE OF BIRTH	WILL BE LIVING WITH YOU AT THE TIME																				
			YES NO																				
Janet Lee Ruggles SHAW	wife	12 April 1927	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO																				
<p>10. a. FATHER'S NAME Maj. Gen. Franklin F. Shaw</p>		<p>b. PRESENT ADDRESS Dept. of Defense, Wash.</p>																					
<p>c. PLACE OF BIRTH Newport, Ky.</p>		<p>d. PRESENT ADDRESS 1714 Huntington, Arlington, Virginia</p>																					
<p>e. PLACE OF BIRTH Elizabethtown, Ky.</p>		<p>f. PRESENT ADDRESS 1714 Huntington, Arlington, Virginia</p>																					
<p>11. IF PARENTS BORN OUTSIDE THE UNITED STATES, DID THEY EVER OBTAIN UNITED STATES CITIZENSHIP? (Place "X" in box) FATHER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO MOTHER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p>																							
<p>12. HAVE YOU EVER APPLIED FOR A POSITION WITH THE DEPARTMENT OF STATE OR TAKEN AN EXAMINATION FOR A POSITION WITH THE DEPARTMENT OF STATE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If "Yes" give date, nature of position applied for, and kind of examination taken, if any.</p>																							

NAME		RELATIONSHIP	ADDRESS	
NONE				

15. FOREIGN LANGUAGES (Replace item 14 on Form 57)
 Name and indicate the extent of your competence, i.e. Excellent, Good, Fair

A. LANGUAGE	B. READ	C. WRITE	D. SPEAK	E. UNDERSTAND
Spanish	Ex	Ex	Ex	Ex
French	Good			Fair
Russian	Slight			

16. LIST PRESENT OR FORMER FOREIGN CONNECTIONS:
 A. BUSINESS
 B. EMPLOYMENT
 C. MILITARY

17. DATES AND PLACES OF RESIDENCE FOR LAST 10 YEARS

DATES	STREET AND NUMBER	CITY	STATE OR COUNTRY
1949-1952	American Embassy	Caracas	Venezuela
1947-1949	40 Henry Ave.,	Fort Thomas	Kentucky
1945-1947	1734 E. 2nd	Tucson	Arizona
1943-1945	US Army		
1942-1943	702 D. St.	Wright Field	Ohio

18. DOES YOUR FINANCIAL POSITION PERMIT DISCHARGE OF ALL DEBTS INCURRED? ☒ YES ☐ NO
 IF "NO," STATE INFORMATION REQUESTED BELOW:

NAMES OF CREDITORS	AMOUNTS DUE	DATES ON WHICH OBLIGATIONS WERE CONTRACTED

19. HAVE YOU EVER BEEN MEDICALLY DISCHARGED FROM THE ARMED SERVICES? ☐ YES ☒ NO
 IF "YES," GIVE DATES IN ITEM 30 OF FORM 57.

20. PRESENT MILITARY STATUS

A. ARE YOU REGISTERED WITH A SELECTIVE SERVICE BOARD? ☐ YES ☒ NO IF "YES," STATE BELOW THE NUMBER AND ADDRESS OF THE BOARD, AND YOUR CLASSIFICATION:

B. DO YOU HAVE A MILITARY RESERVE STATUS? ☐ YES ☒ NO IF "YES," STATE BELOW THE BRANCH OF SERVICE, YOUR SERIAL NUMBER, YOUR ORGANIZATION UNIT AND HEADQUARTERS.

21. LIST OTHER NAMES, IF ANY, BY WHICH YOU HAVE BEEN KNOWN INCLUDING MARRIED NAMES, IF MARRIED MORE THAN ONCE, GIVING DATE DURING WHICH NAMES WERE USED. DO NOT DUPLICATE INFORMATION SUPPLIED IN ITEM 10 ON FORM 57.

22. HAVE YOU EVER BEEN UNDER THE CIVIL SERVICE RETIREMENT SYSTEM? (23. SOCIAL SECURITY NUMBER, IF ANY.)
 Yes

24. If you believe the information you have supplied on this application does not fully show your qualifications for foreign Service Employment, state in Item 24 of Form 57 or on a separate sheet, any additional appropriate data that you wish to have considered.

DATE: _____ SIGNATURE: Robert E. Green

STANDARD FORM 57 NOV 1947
U S CIVIL SERVICE COMMISSION

APPLICATION FOR FEDERAL EMPLOY. J

INSTRUCTIONS: In order to protect the integrity of your application process, every question on the form should be answered in **INK**. In applying for a U.S. Naturalization Exam, you are certifying that you are a U.S. citizen and have the right to apply for naturalization. If you are applying for a NATURALIZATION examination, before the

modifications in the information and regarding disposition of this application. If you are applying for an INNOVATION examination, mail this application to the office named in the advertisement. Be sure to mail to the same office any other forms required for the advertisement. Notify the office with which you file this application of any change in your address.

[illegible]

15 (CONTINUED)

② DATES OF EMPLOYMENT (month, year) FROM Oct. 1949 TO Feb. 1952	EXACT TITLE OF YOUR POSITION Assistant Attache	CLASSIFICATION GRADE (if in Federal service) FSS-7	SALARY OR EARNINGS STARTING \$ 705.10 PER MONTH FINAL \$ 725.10 PER MONTH
PLACE OF EMPLOYMENT (city and State) Washington, D.C. and Caracas, Venezuela	NAME AND TITLE OF IMMEDIATE SUPERVISOR Ambassador		
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division) Department of State	NAME AND ADDRESS OF EMPLOYER (if not Federal) Government		
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU 3 clerks	REASON FOR LEAVING To accompany wife to U.S. for immediate medical attention		

DESCRIPTION OF YOUR WORK
General duties of a Foreign Service Staff Officer in the Political Section, Embassy Caracas. Preparation of reports for the Department and memoranda for the Ambassador, consultation with officials of the local government and American companies (esp. of the petroleum industry operating in Venezuela) Assistance in the consular section with visa affairs.

③ DATES OF EMPLOYMENT (month, year) FROM Nov 1947 TO Oct 1949	EXACT TITLE OF YOUR POSITION Editor	CLASSIFICATION GRADE (if in Federal service)	SALARY OR EARNINGS STARTING \$ 3,400 PER MONTH FINAL \$ 3,600 PER MONTH
PLACE OF EMPLOYMENT (city and State) Cincinnati, Ohio	NAME AND TITLE OF IMMEDIATE SUPERVISOR Carl Frantz, Chief		
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division) Procter & Gamble	NAME AND ADDRESS OF EMPLOYER (if not Federal) Soap and chemical manufacture		
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU 2 clerks, various printshop employees	REASON FOR LEAVING Desire for Foreign Service		

DESCRIPTION OF YOUR WORK
Supervision of preparation (compilation through final printing and binding) of sales manuals for entire company sales force. Preparation of aptitude tests and general qualifications questionnaires used by company in recruitment of salesmen and administrative employees. Preparation of material for company "house magazine". Maintenance of close liaison with other personnel departments. Work with company printshop and private printing establishments.

④ DATES OF EMPLOYMENT (month, year) FROM TO	EXACT TITLE OF YOUR POSITION	CLASSIFICATION GRADE (if in Federal service)	SALARY OR EARNINGS STARTING \$ PER MONTH FINAL \$ PER MONTH
PLACE OF EMPLOYMENT (city and State)	NAME AND TITLE OF IMMEDIATE SUPERVISOR		
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division)	NAME AND ADDRESS OF EMPLOYER (if not Federal)		
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU	REASON FOR LEAVING		

DESCRIPTION OF YOUR WORK

[illegible]

STANDARD FORM 57 - NOV 1947
U. S. CIVIL SERVICE COMMISSION

APPLICATION FOR FEDERAL EMPLOYMENT

INSTRUCTIONS: In order to prevent delay in consideration of your application, answer every question in this form clearly and completely. Type, write or print in INK. In applying for a specific United States Civil Service position, read the examination announcement carefully and follow all requirements. If you are applying for a WRITTEN examination, follow the directions.

Instructions for the admission card regarding disposition of this application. If you are applying for an UNWRITTEN examination, mail this application to the office named in the announcement. Be sure to mail to the same office any other forms required by the announcement. Notify the office with which you file this application of any change in your address.

1. NAME OF EXAMINATION OR KIND OF POSITION APPLIED FOR

2. POSITION: (if mentioned in examination announcement)

3. PLACE OF EMPLOYMENT APPLIED FOR (City and State) **4. DATE OF THIS APPLICATION**
Foreign Service 25 February 52

5. NAME: (First name) (Middle) (Surname, if any) (Last)
WMS Robert Tyler SHAW
WIS

6. ADDRESS AND NUMBER OR R. D. NUMBER
1714 Huntington, Arlington, Virginia

7. CITY OR POST OFFICE (including postal zone) AND STATE

8. LEGAL OR VOTING RESIDENCE (State) **9. OFFICE PHONE** **10. HOME PHONE**
ARIZONA

11. DATE OF BIRTH (month, day, year) **12. MARRIED**
18 June 1925 ☒ MARRIED
☐ SINGLE

13. PLACE OF BIRTH (city and State, if born outside U. S., name city and country)
Washington, D.C.

14. SEX **15. HEIGHT WITHOUT SHOES** **16. WEIGHT**
☒ MALE ☐ FEMALE 5 FEET 7 INCHES 135 POUNDS

17. HAVE YOU EVER BEEN EMPLOYED BY THE FEDERAL GOVERNMENT? ☒ YES ☐ NO
18. IF SO, GIVE LAST GRADE AND DATE OF LAST CHANGE IN GRADE
FSS-9 1949

DO NOT WRITE IN THIS BLOCK
For Use of Civil Service Commission Only

☐ APPROVED ☐ SUBMITTED ☐ ENTERED REGISTER
☐ NON APPROVED ☐ RETURNED

NOTATIONS **APP. REVIEW**

OPTION	GRADE	EARNED RATING	PREFERENCE	AUGM. RATING
			<input type="checkbox"/> 5 POINTS (TENT.)	
			<input type="checkbox"/> 10 POINTS	
			<input type="checkbox"/> WIFE OR WIDOW	
			<input type="checkbox"/> DISAL.	
			<input type="checkbox"/> BEING INVESTIGATED	

INITIALS AND DATE

15. (a) WHAT IS THE LOWEST ENTRANCE SALARY YOU WILL ACCEPT? \$ PER YEAR
You will not be considered for any position with a lower entrance salary.

(b) CHECK IF YOU WILL ACCEPT SHORT-TERM APPOINTMENT IF OFFERED, FOR
☐ 1 TO 3 MONTHS ☐ 3 TO 6 MONTHS ☐ 6 TO 12 MONTHS

NOTE: Acceptance of refusal of a temporary short-term appointment will not affect your opportunity to obtain a probational appointment.

(c) IF YOU ARE WILLING TO TRAVEL, SPECIFY.
☐ OCCASIONALLY ☒ FREQUENTLY ☐ CONSTANTLY

(d) CHECK IF YOU WILL ACCEPT APPOINTMENT, IF OFFERED.
☐ IN WASHINGTON, D. C. ☐ ANYWHERE IN THE UNITED STATES
☒ OUTSIDE THE UNITED STATES

(e) IF YOU WILL ACCEPT APPOINTMENT IN CERTAIN LOCATIONS ONLY, GIVE ACCEPTABLE LOCATIONS.

16. EMPLOYMENT: It is important for you to furnish all information requested below in sufficient detail to enable the Civil Service Commission and the examining agency to give you full credit in determining your qualifications. Use a separate block for each position. Start with your education. Give dates of degrees to give you full credit in determining your qualifications. Use a separate block for each position. Start with your education. Give dates of degrees to give you full credit in determining your qualifications. Use a separate block for each position. Start with your education. Give dates of degrees to give you full credit in determining your qualifications.

religious, civic, welfare, or organizational activity which you have performed, either with or without compensation, showing the number of hours per week and weeks per year in which you were engaged in such activity. Military experience should be described in the space below in its proper sequence.

(a) If you were ever employed in any position under a name different from that shown in item 5 of this application, give under "Description of your work" for each position, the name used.

(b) If you have never been employed or are now unemployed, indicate that fact in the space provided below for "Present Position."

PRESENT POSITION

1. DATE OF LAST EMPLOYMENT (month, day, year) **2. NAME OF EMPLOYER (city and State)**
January 1951 Personnel Procurement Cincinnati, Ohio

3. NAME AND TITLE OF PRESENT EMPLOYER **4. KIND OF BUSINESS OR ORGANIZATION (e.g., wholesale firm, insurance agency, manufacture of locks, etc.)**
William H. Reardon, Chief Soap and Chemical manufacture Sertico

5. DUTIES AND RESPONSIBILITIES (form organization or person, if Federal, name department, bureau or establishment, and division) **6. REASON FOR LEAVING TO OBTAIN THIS POSITION**
Procter and Gamble Desires to resume career in Foreign/

7. EDUCATION **8. TRAINING**
11 filing clerks, typists, interviewers Coordinate interviewing of applicants for employment, supervise administration of aptitude tests, arrange for recruitment trips to principal colleges and universities throughout the country, maintain close liaison with Personnel Research and Personnel Relations Departments, assist in relief of unfit employees. Translation of personnel forms into Spanish.

(CONTINUED ON NEXT PAGE)

• 1

24. REFERENCE: List three persons living in the United States or Territories of the United States who are NOT related to you and who have definite knowledge of your address and history for the position for which you are applying. Do not repeat names of supervisors listed under Item 16 (EXPERIENCE).		
FULL NAME	PRESENT ADDRESS (including street and number)	BUSINESS OR OCCUPATION
1. Norman Armour	o/o Dept. of State, Washington	Diplomat - former Amb. in Caracas
2. Edward Sparks	o/o Dept. of State, Washington	Diplomat - assigned Amb. in La Paz
3. William S. Rice	130 E. 56th St., New York, N.Y.	Businessman - Procter & Gamble

INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN	YES	NO	INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN	YES	NO
25. MAY INDUSTRY OR WORK OF YOUR PRESENT EMPLOYER REGARDING YOUR CHARACTER QUALIFYING FACT?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	28. ARE YOU AN OFFICIAL OR EMPLOYEE OF ANY STATE, TERRITORY, COUNTY OR MUNICIPALITY?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
26. ARE YOU A CITIZEN OF OR DO YOU OWE ALLEGIANCE TO THE UNITED STATES?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	29. DOES THE UNITED STATES GOVERNMENT EMPLOY IN A CIVILIAN CAPACITY ANY RELATIVE OF YOURS (BY BLOOD OR MARRIAGE) WITH WHOM YOU LIVE OR HAVE LIVED WITHIN THE PAST 24 MONTHS?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
27. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF THE COMMUNIST PARTY U.S.A. OR ANY COMMUNIST ORGANIZATION?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	30. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF ANY ORGANIZATION ASSOCIATION MOVEMENT GROUP OR COMBINATION OF PERSONS WHICH ADVOCATES THE OVERTHROW OF OUR CONSTITUTIONAL FORM OF GOVERNMENT, OR OF AN ORGANIZATION ASSOCIATION MOVEMENT GROUP OR COMBINATION OF PERSONS WHICH HAS PRACTICED A POLICY OF ADVOCATING OR APPROVING THE OVERTHROW OF OUR CONSTITUTIONAL FORM OF GOVERNMENT, OR OF AN ORGANIZATION ASSOCIATION MOVEMENT GROUP OR COMBINATION OF PERSONS WHICH HAS PRACTICED A POLICY OF ADVOCATING OR APPROVING THE OVERTHROW OF OUR CONSTITUTIONAL FORM OF GOVERNMENT, OR OF AN ORGANIZATION ASSOCIATION MOVEMENT GROUP OR COMBINATION OF PERSONS WHICH HAS PRACTICED A POLICY OF ADVOCATING OR APPROVING THE OVERTHROW OF OUR CONSTITUTIONAL FORM OF GOVERNMENT?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
28. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF A FASCIST ORGANIZATION?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	31. HAVE YOU EVER BEEN ARRESTED, INDICTED, OR SUMMONED WITH CAUSE AS A DEFENDANT IN A CRIMINAL PROCEEDING, OR CONVICTED, FINED, OR IMPRISONED OR PLACED ON PROBATION OR HAVE YOU EVER BEEN ORDERED TO PAY FINE OR RESTITUTION FOR THE VIOLATION OF ANY LAW, REGULATION OR ORDINANCE, INCLUDING MINOR TRAFFIC VIOLATIONS, SUCH AS FINE OR FORFEITURE OF US OR LESS WAS IMPOSED?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
29. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF ANY ORGANIZATION ASSOCIATION MOVEMENT GROUP OR COMBINATION OF PERSONS WHICH ADVOCATES THE OVERTHROW OF OUR CONSTITUTIONAL FORM OF GOVERNMENT, OR OF AN ORGANIZATION ASSOCIATION MOVEMENT GROUP OR COMBINATION OF PERSONS WHICH HAS PRACTICED A POLICY OF ADVOCATING OR APPROVING THE OVERTHROW OF OUR CONSTITUTIONAL FORM OF GOVERNMENT, OR OF AN ORGANIZATION ASSOCIATION MOVEMENT GROUP OR COMBINATION OF PERSONS WHICH HAS PRACTICED A POLICY OF ADVOCATING OR APPROVING THE OVERTHROW OF OUR CONSTITUTIONAL FORM OF GOVERNMENT?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	32. (a) WERE YOU EVER IN THE UNITED STATES MILITARY OR NAVAL SERVICE DURING TIME OF WAR?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
30. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF ANY ORGANIZATION ASSOCIATION MOVEMENT GROUP OR COMBINATION OF PERSONS WHICH ADVOCATES THE OVERTHROW OF OUR CONSTITUTIONAL FORM OF GOVERNMENT, OR OF AN ORGANIZATION ASSOCIATION MOVEMENT GROUP OR COMBINATION OF PERSONS WHICH HAS PRACTICED A POLICY OF ADVOCATING OR APPROVING THE OVERTHROW OF OUR CONSTITUTIONAL FORM OF GOVERNMENT, OR OF AN ORGANIZATION ASSOCIATION MOVEMENT GROUP OR COMBINATION OF PERSONS WHICH HAS PRACTICED A POLICY OF ADVOCATING OR APPROVING THE OVERTHROW OF OUR CONSTITUTIONAL FORM OF GOVERNMENT?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(b) IS THE WORD "HONORABLE" OR THE WORD "SATISFACTORY" USED IN YOUR DISCHARGE OR SEPARATION PAPERS TO SHOW THE TYPE OF YOUR DISCHARGE OR SEPARATION?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
31. HAVE YOU EVER BEEN ARRESTED, INDICTED, OR SUMMONED WITH CAUSE AS A DEFENDANT IN A CRIMINAL PROCEEDING, OR CONVICTED, FINED, OR IMPRISONED OR PLACED ON PROBATION OR HAVE YOU EVER BEEN ORDERED TO PAY FINE OR RESTITUTION FOR THE VIOLATION OF ANY LAW, REGULATION OR ORDINANCE, INCLUDING MINOR TRAFFIC VIOLATIONS, SUCH AS FINE OR FORFEITURE OF US OR LESS WAS IMPOSED?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(c) WAS SERVICE PERFORMED ON AN ACTIVE FULL TIME BASIS, WITH FULL MILITARY PAY AND ALLOWANCES?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
32. (a) WERE YOU EVER IN THE UNITED STATES MILITARY OR NAVAL SERVICE DURING TIME OF WAR?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(d) DATE OF ENTRY OR ENTRIES INTO SERVICE	September 1943	DATE OF SEPARATION OR SEPARATIONS
33. (a) WERE YOU EVER IN THE UNITED STATES MILITARY OR NAVAL SERVICE DURING TIME OF WAR?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Branch of Service (Army, Navy, Marine Corps, Coast Guard, etc.)	ARMY	SERIAL NO. (if none, give grade or rating at time of separation)
34. (a) WERE YOU EVER IN THE UNITED STATES MILITARY OR NAVAL SERVICE DURING TIME OF WAR?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	35. (a) WERE YOU EVER IN THE UNITED STATES MILITARY OR NAVAL SERVICE DURING TIME OF WAR?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Before signing this application check back over it to make sure that you have answered ALL questions correctly. I CERTIFY that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

False statements on this application is punishable by law (U.S. Code, Title 18, Section 493).

SIGNATURE OF APPLICANT: *Robert T. Shaw*

Print your name in INK (last, first, middle initial, and surname). Do not use initials or nicknames. (If female, use your own given name as "Miss Mary L. Doe.")

CHANGES IN CIVILIAN PERSONNEL
WAR DEPARTMENT
ARMY AIR FORCES AT LARGE

1. Name		Robert T. Shaw	August 6, 1942 (Date)	9. Report No. T 42-306
2. Nature of Action		Termination		10. Civil Service or other legal authority A.C.Cir. 40-8
3. Effective Date		August 6, 1942		11. Appropriation A.C.A. 1942-43 (c)
		FROM	TO	12. Date of Birth June 18, 1925
4. Position	Asst. Messenger, CU-2			13. Legal Residence Chio
5. Salary	\$1080 per annum			14. Subject to Retirement Act? No
6. Org'n Unit	Air Service Command			15. Oath Taken
7. Headquarters	Patterson Field, Fairfield, Ohio.			
8. Dept'l or Field	FIELD		FIELD	

16. Remarks By resignation (Vol.) due to ill health.

Civilian Authority's Letter of Resignation

Under authority delegated by the Secretary of War in Orders N, dated December 23, 1941, and the directive of the Chief of the Air Corps dated January 17, 1942, you are notified of the above action concerning your employment.

CHARLES S. MASON, Captain, P. S. -
Assistant Chief of Personnel

don

WAR DEPARTMENT
OFFICE OF THE SECRETARY

4



NOTIFICATION OF PERSONNEL ACTION

T

Office: Wright Field, Ohio

Date: August 4, 1942

Name ROBERT T. SHAW

5-000

Nature of Action: Confirmation of War Service Appointment (Temporary)

Effective Date: June 8, 1942

	From	To
Position		Assistant Messenger
Grade & Salary		CU-2 at \$1080 per annum
Bureau		Army Air Forces
Org. Unit		Air Service Command
Station		Wright Field Air Depot, Ohio
Departmental or Field	FIELD	FIELD

Remarks: Appointment made under War Service Regulation V, Section 2.
This action does not confer a civil service status.
Appointment made for 90 days.
Position No. 4001.

JFW/bit

Journal No.

12-55285-42

Civil Service or
other Legal
AuthorityW. F. S. R.
L-0-0

EX-115/25/42

Appropriation

Regular

Date of Birth

6/10/25

NATURE OF POSITION

NEW

ADDITIONAL

X

VICE

VICE VACANT

REFERENCE (Name, No., etc.)

Code-21

By order of the Secretary of War

Administrative Assistant

C. S. C. REPORT (Form 50)

TEMPORARY SERIES, DISTRICT MANAGER - PERMANENT SERIES, C. S. COMMISSION

(Form LE-100)

BOARD OF U. S. CIVIL SERVICE EXAMINERS
WRIGHT FIELD - FAIRFIELD AIR DEPOT
GARFIELD BUILDING, 4TH AND JEFFERSON STS.,
DAYTON, OHIO

Sixth CIVIL SERVICE DISTRICT

June 26, 1942
(Date)

THE COMMISSION

Attention: Service Record Division

The following appointment has been authorized under
Executive Order No. 9063 through competitive examination.

Shaw, Robert T.
(Name)

Assistant Messenger, Cu-2, \$1030 per annum
(Position and Salary)

War Department, Army Air Forces
(Department or Agency)

Patterson Field, Fairfield, Ohio
(Location)

James W. Hanley
JAMES W. HANLEY, Secretary
Board of U. S. Civil Service Examiners